NEW FORM

PURCHASE ORDER NO.

AUBURN UNIVERSITY
PURCHASE REQUISITION
ATTACH ALL WRITTEN QUOTATION OR CONTRACTS

REQUISITION NUMBER
<!---!>

NAMES AND ADDRESSES OF VENDORS PREFERRED		
VENDOR#	VENDOR#	VENDOR#

Deliver to	Account #		Subcode	Percent	Amount
NAME:					
DEPT:					
BLDG / ROOM:					
CITY / STATE / ZIP:					
PHONE:					
DEPT. COPY OF P.O. TO:					
DATE NEEDED:					

COMMENTS TO BUYER:

QTY	UNIT	UNIT PRICE	DESCRIPTION

PREPARED BY	EXT#	OTHER APPROVALS:	DATE:	TOTAL: $0.00

SIGNATURE - DEPT. / ADMINISTRATIVE HEAD:	DATE:	SIGNATURE - DEAN / VICE-PRESIDENT	DATE: