		Department
Vendor # Company Address City Telephone	State Zip Fax	PURCHASE REQUESTS <i>MUST</i> <i>BE APPROVED</i> BEFORE A PURCHASE ORDER WILL BE ISSUED

**PURCHASE REQUEST** 

REQUESTED BY	PHONE	DEPARTMENT	JOB OR ACCOUNT NO.	PREVIOUS SUPPLIER	
				🗌 Yes	🗌 No

QUANTITY	ITEM NUMBER	ITEM TO BE PURCHASED	UNIT PRICE	TOTAL
			TOTAL	

PURCHASING DEPARTMENT USE ONLY		
DATE ORDERED	P.O. NUMBER	
APPROVED BY		

Date

WILL