

312 REQUISITION THIS IS NOT A PURCHASE ORDER. FOR INTERNAL USE ONLY.

(see instructions on back)

All commitments of funds must be made on official purchase orders.

Red = REQUIRED FIELDS to be filled out.

Grey shaded areas are for Corporate Purchasing use.

REQUISITION
134006

Debarred/Suspended Y N

SHIP TO DEPT: <input type="text" value="1"/>			Suggested Supplier: <input type="text" value="3"/>			SUPPLIER CODE:					
Address:			Order to Address:								
City:		State:		Zip:							
Room #:		Box #:		Bldg#:		City:		ST:		Zip:	
Phone:			Fax:			Phone:			Fax:		
Attn:			Attn:								

Y N Supplier Price Justification Form attached (orders > \$25,000 or single source)
 Y N Price verified with _____ Y N Quotes/Contracts attached - # of quotes _____

PROJECT # **PO CLASSIFICATION** **COVER SHEET COMMENTS:** **STD. COMMENTS**

PMM ITEM #	SUPPLIER CATALOG #	QTY	UOM	DESCRIPTION (PLEASE ATTACH SUPPLIER QUOTE TO REQUISITION WHEN REFERENCING.)	UNIT COST	TOTAL	COMMODITY
<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>	<input type="text" value="11"/>	
NOT TO EXCEED TOTAL \$					<input type="text" value="13"/>		

DESIRED DELIVERY DATE: / / **START DATE:** / / **END DATE:** / / **Replaces P.O. #** **New P.O. #**

EACH SIGNER CERTIFIES, TO THE BEST OF HIS OR HER KNOWLEDGE, THAT THIS PURCHASE IS FAIR AND REASONABLE AND IN THE BEST INTEREST OF THE UNIVERSITY AND THAT [CHECK APPLICABLE BOX]: NO EMPLOYEE OF THE UNIVERSITY OR ITS AFFILIATES WHO WAS INVOLVED IN THE PURCHASING DECISION HAS A CONFLICT OF INTEREST PER THE UNIVERSITY'S CONFLICT OF INTEREST POLICIES, OR AN EMPLOYEE OF THE UNIVERSITY OR ITS AFFILIATES HAS A CONFLICT OF INTEREST AND THE CONFLICT INFORMATION ON THE ACCOMPANYING SUPPLIER PRICE JUSTIFICATION AND CONFLICT INFORMATION (SPJCI) FORM IS CORRECT.

Requestor Name (PRINT)		Title:		Dept./PI Approval (PRINT)		Title:	
Signature:		Date:		Signature: (1)		Date:	
Department: <input type="text" value="14"/>		Phone:		Dept./PI Approval (PRINT) <input type="text" value="15"/>		Title:	
Intramural Address:		Box #:		Signature: (2)		Date:	
E-Mail Address:				Division Approval		Title:	
				Signature:		Date:	
				Senior Administration Approval		Title:	
				Signature:		Date:	

REQUISITION 134006	Account Name Charged:	Account No.(s) - - %	<input type="checkbox"/> Y <input type="checkbox"/> N CAPITAL EXPENDITURE HIGHLAND HOSPITAL CODE
	Account Name Credited:	Division <input type="text" value="16"/> - - %	
		Account No.(s) - - %	
		Division - - %	

Y N **Federal contract** **PURCHASING REVIEW** Initials: _____ Date: _____ / Initials: _____ Date: _____

REV. 01/10