



Purchase Requisition For _____

PO # (If Obtained) _____

Card Holder/User Name: _____

Account Number:.....

DEPARTMENT/UNIT: _____	PURCHASE DATE: _____
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NAME & ADDRESS OF VENDOR:

PROGRAM FUND:

Item Number	Quantity	Description	Unit Price	Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

TOTAL:	
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<u>Explanation for Purchase</u>

Requested by: _____

Date: _____

Supervisor: _____

Date: _____

Department Head: _____

Date: _____

Title III Director: _____

Date: _____