

PURCHASING DEPARTMENT



XAVIER

UNIVERSITY

PURCHASING REQUISITION

(SEE THE REVERSE SIDE FOR INSTRUCTIONS)

REQUISITION NO.: **R 003252**

REQUISITION DATE: _____ 20__

PURCHASE ORDER NO. _____

(*) Must be filled in by the requesting department before sending to Purchasing

VENDOR (*)	
ATTN: _____	
(Vendor Name) _____	
(Address) _____	
(Address) P.O. Box # _____	
(City, State, Zip) _____	
(Telephone No.) _____	
(Fax No.) _____	
Has order been placed with vendor? Y N	

SHIP TO (*)	
Requisitioner (Name): _____	
Telephone Number: _____	
Fax Number: _____	
Requested Delivery Date: _____	
Mail Location #: _____	
Campus Delivery Mail Location: _____	
Building: _____	
Room Number: _____	

Organization and account codes required when using restricted auxiliary accounts and designated funds.

Fund organization and account codes required when using restricted grant, other restricted, plant fund and agency accounts.

FOAP DISTRIBUTION NOTE: Funding for this purchase requisition or any changes to this order must be in the account(s) prior to ordering or changing.

Fund	Organization	Account	Program	Percentage (%)	\$

LINE #	QTY	UOM	CATALOG #	ITEMS DESCRIPTION (size, color, model #, other data)	UNIT PRICE	EXTENDED AMOUNT
1						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$
8						\$
9						\$
10						\$
TOTAL						

I certify that funds are available and this represents a proper University expenditure. (*)

Approved (*): _____
Originator / Requester

Approved: _____
Department Head

Approved: _____
Dean or Vice President (if applicable)

Approval: _____
Date Approved: / /