

FIELDS HIGHLIGHTED IN YELLOW ARE REQUIRED

Req. #	P	SAMPLE urchase Requisition			Requisition Date Type today's date	
Supplier Type Supplier Name		Address				
City	State	Zip Code		Social Sec # or Fed ID #		
Phone #	Fax #		NOTE:	DMC IT Approval: If PTA, expenditure type and auth requisition form will be returned for	orized signature are missing	g,
Ship to Address Type ship to address Organization Name (Dep Type your department Building Room Type shipment recipient and room Attention Need by Date:	partment) n Number	Payment Terms: Freight Due Pa Carrier FOB Destination FC Supplier Notes:	id CA Origin	Type department associated 100 Procurement Organization Nan Requisitioner Type name of requestor	TaskAwarder to expenditure type listare Typewith award. For example,ne (Department)Telephone #	provided
		Confirming (Yes/No)	-	Authorized Signature MUST BE SIGNED BY AUT		

_	Item	Item	Quantity			
Туре	Category	Catalog # & Complete Description (including notes & buyer notes)		Unit	Unit Price	Total
		Provide a valid catalog/item number and description for each item you're requesting to procure. You can also note shipping/handling costs as well as quote number.				
Quotation:	Written Verbal	By Date			Total:	\$