

DEPARTMENT PURCHASE REQUISITION

DPR# _____

Order Type (check one) C, A, N

Vendor Order Information	Vendor Remit Information (if different)
Vendor No.: _____ Fed Tax ID No.: _____	Vendor Name:
Vendor Name:	St. Address:
St. Address:	City, State, Zip:
City, State, Zip:	Phone:
Phone: _____ Fax: _____	Phone:
Contract No.:	

<u>Unit Name</u>	<u>Fund No.</u>	<u>Object No.</u>	<u>Unit No.</u>	<u>Total Cost</u>	Internal Use Only
					Approved _____
					Entered _____
					PO# _____
					Vouchered _____

DESCRIPTION: Provide a full description of commodity or service. Provide dates of any services, memberships or subscription.	Qty	Unit	Unit Price	Total Price

Special Instructions: _____

Return Check to Department (✓ here) _____ by (date) _____

Authorized Signature for funding sources _____ Date _____