

# PURCHASE ORDER REQUEST FORM

DATE: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

APPROVED PURCHASE: YES \_\_\_\_\_ NO \_\_\_\_\_

Vendor previously used: \_\_\_\_\_ Account established Y \_\_\_ N \_\_\_

Vendor Contact Information: \_\_\_\_\_

Description of Item	Stock #	QTY.	Unit Price	Total Cost
Shipping Costs				
Other Charges				
Total Charges				

Additional Information:

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Complete all the form as information is known. If you have purchased this from a vendor before, please provide that information. If you have researched the items needed, please provide that information.