

# PURCHASE REQUISITION

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested Vendor: \_\_\_\_\_

Date required: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**SUPPLY CHAIN TO COMPLETE:**

Phone / Contact: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

Order placed on: \_\_\_\_\_

Approved by: \_\_\_\_\_

Qty	Unit of Measure	VWH# or Manuf #	Description	Unit Cost	Total Cost	Account #	Deliver To