

INTERNAL PURCHASE REQUISITION

Date	Requestor	Phone
Department	E-mail	

Payment Terms:	Freight Terms	Expected Date of Delivery
Vendor ID No.	Requisition Number	

Vendor Information

Ship To

Name	Name
Address	Address
City/St/ZIP	City/St/ZIP

Index (FOPAL)	Account	%	Amount

Index (FOPAL)	Account	%	Amount

Item	Quantity	Unit	Commodity Code	Description	Unit Price	Extended Price
Total						

PURPOSE:

COORDINATOR

DATE

DIVISION HEAD/DIRECTOR

DATE

ASSC/ASST/CAMPUS DIRECTOR
(IF \$1,500 OR OVER)

DATE

INSTRUCTIONS: THIS FORM SHOULD BE USE FOR ALL PROCUREMENTS. (1) Complete all information where applicable. (2) If requisition is \$1,500 or over, include a list of possible vendors. DO NOT OBTAIN QUOTES. (3) Requestor must obtain necessary signatures. (4) Forward to DACC Business Office representative for data entry. (5) Print copy for your records. (6) DO NOT place an order until approvals have been obtained.

Continuation Page (If more than 10 line items)

Item	Quantity	Unit	Commodity Code	Description	Unit Price	Extended Price
h Total						