University of Louisville

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PHYSICAL PLANT PURCHASE REQUISITION

Originator: Type or Print Legibly, filling in all information. If prices are not known, please estimate (include shipping).

Unit column must show unit of measure (ea, lb, ft, gal, etc.) corresponding to the quantity ordered.

DATE:						W/O # or Job Code:			
DUDCHASE ODDED #.						Building Name:			
Requisition #:						Building Number:			
Vendor:						SpeedType:			
						TOTAL: \$			
Central Receiving Shipment: Yes No					_ No	Ordered By:			
RR # and Date:						Approved By:			
Check # and Date:						Approved By:			
						Approved By:			
Line #: Quantity: Unit: Descrip								T. 10. 1	
Line #:	Quantity:	Unit:			Descri	ption:	Unit Cost:	Total Cost:	