University of Louisville

$D \cap$	ORIGIN	

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:					
PURCHASE ORDER #:					Building Name:				
Requisition #:				Building Number:					
Vendor:					Program orProject #				
						,			
Ship To:									
				,		TOTAL:		\$0.00	
Central F	Receiving	Shipment:		Yes	No	Ordered By:			
RR # and Date:					Approved By:				
Check # and Date:				Approved By:					
						Approved By:			
Line #:	Quantity:	Unit:			Descrip	otion:		Unit Cost:	Total Cost: