Georgia Southern University

Purchase Requisition

REQUISITION # **DATE**

Vendor Name:	**Department Name:**
Address:	**Box** **Phone** **Fax**
	Requestor Name:
Phone:	**Email Address:**
Fax:	**Approval Signature:**
Email:	**Special Instructions to Purchasing:**
FEIN:	
SHIPPING AND DELIVERY INSTRUCTIONS MUST BE COMPLETED	**Grant #** **(If Applicable)**
Requested Delivery Date: / / (mm/dd/yy)	**Shaded Areas for Official Use by Purchasing/Accting/Grants**
Department:	**Grant Approval _____ Date __ __/__ __ / __ __**
Building Name:	**Grant Expiration Date __ __ / __ __ / __ __**
Room Number:	**Notes:**
Installed Delivery YES NO (circle one)	

LINE NO.							

TOTAL AMOUNT OF THIS PAGE

TOTAL AMOUNT OF THIS ORDER

Rev: 10/03/03

LINE NO.

Clear Form