Clear Form Print

SALISBURY UNIVERSITY
PROCUREMENT OFFICE

REQUISITION FOR COMMODITIES/SUPPLIES AND SERVICES

PURCHASING OFFICE HH-222	☐	AUXILIARY SERVICES CB-206	☐	INFORMATION TECH TE-101	☐	SUPPORT SVCS SB-100	☐

DATE	DELIVERY DATE	DEPT/PROJECT CODE	ACCOUNT CODE	DEPARTMENT NAME	CONTACT PERSON

DEPARTMENT DELIVERY LOCATION (BLDG & ROOM NO.)	DEPARTMENT CONTACT TEL. NO.	FISCAL YEAR	CONTRACT NUMBER

SUGGESTED VENDORS: (Include Name, Address, Telephone No. Fax No. and FEID or SS Number)

Vendor Name — Telephone #

Address — Fax #

City/State — FEID/SSN

Line No.	Quantity	Unit	Description	Unit Price	Total
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00

$ 0.00

BUDGET ADMINISTRATOR'S SIGNATURE OR AUTHORIZED DESIGNEE — **DATE** — **TOTAL DOLLAR AMOUNT**