



# PURCHASE REQUISITION

Walmart.Com

**PO #** \_\_\_\_\_

(For Purchasing Department use only)

Suggested Vendor Name :  
Address, Phone, & Fax :  
\_\_\_\_\_→

Date Needed \_\_\_\_\_

( Allow 14 days)

**REQUESTER:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Department: \_\_\_\_\_

## Description of service(s) or item(s)

Item Number	Description	Unit Price	Qty.	Extension
	Folding Tables			0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00

### Additional Description / Justification

Subtotal

\$

-

Tax

Folding Tables- Campuswide events and Activities

Total

\$

-

### Supporting Documents must be attached

CHARGE TO	ACCOUNT NUMBER	AMOUNT	1. REQUESTED BY & DATE
			3. APPROVED BY & DATE / DEAN
			4. APPROVED BY & DATE / ASSOCIATE VICE PRESIDENT
			5. APPROVED BY & DATE / VICE PRESIDENT/PROVOST
Name of Grant			6. APPROVED BY & DATE / SPONSORED PROGRAMS
			7. APPROVED BY & DATE / GRANTS & CONTRACTS ACCOUNTANT
			10. APPROVED BY & DATE / PRESIDENT (IF APPLICABLE)
			8. APPROVED BY & DATE / ASSOCIATE VICE PRESIDENT/CONTROLLER
			9. APPROVED BY & DATE / VP FOR BUSINESS AND FINANCE