



## Purchase Requisition

Date: \_\_\_\_\_ Requested By: \_\_\_\_\_ Extension: \_\_\_\_\_

**Suggested Vendor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Cost Center Number & Cost Center Name**

**Cost Center Manager Signatures**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FOB	Terms	Delivery	Reference or Quote	Inquiry #	Contract #

QTY	UNIT	DESCRIPTION Brand, Size, Model, & Stock #	NIGP CODE	UNIT PRICE	TOTAL

**Grand  
Total** \_\_\_\_\_

**Please Print on Green Paper**

Purchase Requisitions that consist of more than five lines must be itemized on an attached sheet of paper.

\_\_\_\_\_  
**Purchasing** **Date**  
 Rob Waksdahl, Purchasing Agent Senior Extension 8383

**Simplified Bidding Record**  
**(Purchases over \$5,000 through \$25,000)**

**Instructions:** Use this form to document transactions over \$5,000 through \$25,000 and attach to purchase order file copy. Generic specifications should be used when possible. If it is necessary to use a brand name to identify a level of quality, vendors must be informed that equivalent alternatives may be acceptable. The agency will be the sole determinator of equivalency. Alternate bids should be indicated. Successful bidder should be circled. Reasons for rejecting any bids should be noted. If a waiver of bidding is approved, indicate reasons.

\*\*Code type to be used: **MBE**=Minority Business Enterprise (Certified) **WC**= Work Center (Certified)

Date (mm/dd/ccyy)	Agency/Requisitioning Unit
Person Completing	
Requisition or Reference Number	
Method of Bidding <input type="checkbox"/> Price Lists <input type="checkbox"/> Written Quote <input type="checkbox"/> Phone / Verbal <input type="checkbox"/> Other (specify) _____	

Item Number, Description	Q U A N T I T Y	Vendor Name		** Code Type	Vendor Name		** Code Type	Vendor Name		** Code Type
		Phone			Phone			Phone		
		FEIN***			FEIN***			FEIN***		
		Unit Price	Total		Unit Price	Total		Unit Price	Total	
***FEIN (Federal Employer Identification Number) or Social Security Number (if no FEIN)										
Contact Person										
Contact Date (mm/dd/ccyy)										
Reply Date (mm/dd/ccyy)										
Terms										
Freight F.O.B.										
Delivery										
Additional information (note the following as appropriate: bids rejected and why; preferences exercised; explain reason if less than 3 vendors were contacted; justify waiver of bidding):										