



Req. #

Requisition Date

Purchase Requisition

Supplier _____ Address _____

City _____ State _____ Zip Code _____ Social Sec # or Fed ID # _____

Phone # _____ Fax # _____

Ship to Address	Payment Terms: _____	
Organization Name (Department)	Freight ___ Due ___ Paid	Project Task Award
Building Room Number	Carrier _____	Expenditure Type
Attention	FOB ___ Destination ___ FCA ___ Origin	Organization Name (Department)
Need by Date:	Supplier Notes:	Requisitioner Telephone #
Signature also certifies that any office supplies, postage, local phone charges and membership fees, listed below, will be used directly for the award indicated above per OMB guidelines.*		
	Confirming (Yes/No) _____	Authorized Signature Date

Type	Item Category	Item Catalog # & Complete Description (including notes & buyer notes)	Quantity	Unit	Unit Price	Total

* OMB Circular A-21 section F.6.b(3) states that "items such as office supplies... shall normally be treated as Facilities and Administrative costs." Direct charging of these items may be appropriate if explicitly budgeted and the cost can be specifically identified with the project with a high degree of certainty.



Req. #

Purchase Requisition

Requisition Date

Type	Item Category	Item Catalog # & Complete Description (including notes & buyer notes)	Quantity	Unit	Unit Price	Total