

PURCHASE REQUISITION FOR TRAVEL

 Revised July 2009
 (Previous edition obsolete)

 P.R. Number: _____
 (To be assigned by department.)

 SOURCE: _____

**THIS IS NOT A
PURCHASE ORDER**

Date of Requisition		Department			Fund-Org-Account-Program		
Contact Person		Telephone Ext.	Date Needed	Related TR#(s)			
Item	Qty.	Unit	DESCRIPTION AND SPECIFICATIONS		UNIT PRICE		TOTAL PRICE
					Cost	Per	
TSU							

 Total Amount of Requisition \$

 Manual Signature of Requisitioner Date

 Name of Requisitioner

Approved: _____

 Department Head / Dean Date

Approved: _____

 VP or Designee Date
Please obtain all required signatures