Salem State College
Purchasing Department

PURCHASE REQUISITION

FILL OUT, KEEP COPY, SEND ORIGINAL TO PURCHASING DEPARTMENT

REQUISITION NO:

Suggested Vendor Name
Address
Phone
Fax

Request Date ___ Need Date ___

Deliver to the Attention of:

Department

Phone

PURCHASING DEPARTMENT USE ONLY

P.O. NO ___
VENDOR NO. ___
BUDGET OK/DATE: ___
DELIVERY DATE: ___
BUYER: ___
PLACED WITH: ___

A

Account:	Fund:	Dept. Id:	Prog:	Proj/Grt:

AMOUNT $ ___

Fund Name ___ **Dept Name** ___

B

Account:	Fund:	Dept. Id:	Prog:	Proj/Grt:

AMOUNT $ ___

Fund Name ___ **Dept Name** ___

Quantity	Unit of Measure	Description (Catalogue #, Color, Size, ETC.)	Unit Price	Total Price
		MHEC Contract #		
		State Contract #		
		Shipping and Handling Charge →		
PLEASE ATTACH A COPY OF THE QUOTE OR INDICATE PERSON WHO GAVE THE QUOTE WHEN APPLICABLE				
			Total Amount →	

Level I Requestor: ___ **Phone** ___ **Date** ___

Level II Department Head Approval: ___ **Phone** ___ **Date** ___

Level III VP/Area Head Approval: ___ **Phone** ___ **Date** ___