



# PURCHASE REQUISITION

Purchasing Department  
820 N Michigan Ave, Suite 700, Chicago, IL 60611  
Phone (312)915-8788

Preparing people to lead extraordinary lives

Suggested Vendor Name  Address: City, State, Zip  Vendor Phone #  Vendor Fax #

Accounting Unit  Account  Activity  Account Category  Department Name  Campus

Contact Phone #  Delivery Date  Requested by  Building  Room #

Qty	UOM	Catalog #	Description	Unit Price	Total

Check if received

If this requisition is for any of the following, secure initials of safety officer. The safety officer should then e-mail the form to you.

Subtotal	
Shipping	
Total	

- Animals?    Biohazardous Materials?    Radioactive Materials?

If so, secure the initials of the appropriate safety officer

Requisitioner Comments: Indicate any quote, shipping, delivery instructions, etc, that we should know about.

If this requisition requires additional approvals, select appropriate button to forward this requisition via email. Approvals should email the completed for to Purchasing by clicking the "To: Purchasing" button. If grant funded, send to SPA for approval via the "To: Sponsored Programs" button.

Budget Administrator Approval  Date:

Secondary Approval  Date:

Secondary Approval is REQUIRED on all Requests in excess of \$5,000

SPA Approval  Date:

**Email this form to Purchasing. Faxed or Mailed forms will not be accepted.**

This form will be returned to you with a PR# assigned. Use the assigned number in all correspondence regarding this order.

Do Not Enter Information Below Red Line

Purchasing Department

PR# Assigned:  Entry Date:  PO# Assigned:  Buyer Initials:

pr20008x11