



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	<input type="text"/>
Shipping	<input type="text"/>
Total	<input type="text"/>

- 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