

AU REQUISITION FORM FOR INTERNAL USE ONLY

Page # _____ of _____

*** All Fields Required**

*Today's Date: _____ Purchase Order No. _____

*Requestor's Name: _____ *Phone Number/E-mail _____

*Deliver to: (Name and Location) _____

Seq #	*Description (Vendor Catalog #, Size, Styles, Color, Comments, Etc.)	QTY	Unit of Measure	Est. Unit Price	Total
1					
2					
3					
4					
5					
6					
7					
8					
				Sub Total:	
				Estimated S & H:	\$
				Estimated Total:	\$

Suggested Vendor

Vendor Name:	
Attention:	
Phone No:	
Fax No:	
Address 1:	
Address 2:	
City/State/Zip:	
Web Address:	

Notes to Procurement

Check Box For Each Attachment:	
<input type="checkbox"/>	Vendor Quote
<input type="checkbox"/>	Single/Sole Source Justification
<input type="checkbox"/>	Specs/Drawings
<input type="checkbox"/>	Other: Specify

*FOAP # 1 _____ Amount(s) if split _____

FOAP # 2 _____ Amount(s) if split _____

*Budget Supervisor 1 _____ Date: _____

Budget Supervisor 2 _____ Date: _____

*Research Approval _____ Date: _____

(If applicable)

Procurement Use Only:	Return completed form to:
Budget Balance:	Procurement Services or procurement@alfred.edu Greene Hall For questions please call 607-871-2698
Procurement Approval:	
VP Approval (Over \$20K):	