

# Purchase Order/Requisition

(Orders of \$5000.00 or more)

Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Professor \_\_\_\_\_

Total Cost	\$ _____
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## Account and Payment Information

Account to Charge	Amount (\$)	or	Percentage (%)
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____

Vendor Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Contact Person \_\_\_\_\_

\*\*\*Requisitions CANNOT be called in by the student\*\*\*

\*\*\*This form must be given to the MSE department for further process\*\*\*

Quantity	Unit Size	Part #	Description	Unit Cost	Total Cost
1	each		Shipping Cost		