**[Short Client Name]**

**Requisition Form** Rev. [Rev Number]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |       |  | **Requestor:** |       |  | **Dept.:** |       |
| **SUPPLIER / VENDOR INFORMATION** |
|

|  |  |
| --- | --- |
| **Supplier / Vendor:** |       |
| **Billing Address:** |       |
| **Phone:** |       | **Fax:** |       | **Email (if known):** |       |
| **Contact (if any):** |       | **Contact Phone & Ext.:** |       |
| **Payment Terms:** | **Net** |       | **Expedited Delivery?** | **[ ]  No [ ]  Overnight [ ]  2-day [ ]  Other** *indicate below* |
| **Payment Method:** |  | **[ ]  Purchase Order [ ]  Credit Card [ ]  Other - indicate here:**       |
| **Preferred Delivery Method:** | **[ ]  US Mail [ ]  Fed Ex [ ]  UPS [ ]  Freight [ ]  Will Pick Up / Retail Store Purchase [ ]  Other** *indicate below* |
| **Notes / Special Requirements / Comments:** |       |

**PRODUCTS / ITEMS / SERVICES REQUESTED** |
| **Qty** | **Part #** | **Description** | **Unit Price** | **Total Price** | **Desired Delivery Date** | **Notes** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |
| **GRAND TOTAL FOR REQUISITION** |       |  |

**REQUISITION APPROVAL**

See procedure ***[Purchasing Proc. Title]*** for approval authority levels and required approvals.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| ENTER TITLE HERE | DATE | ENTER TITLE HERE | DATE |