## PURCHASE ORDER REQUISITION

ORDER NO.\_\_\_\_\_ VENDOR NO.\_\_\_\_\_ DEPT NO.\_\_\_\_\_ REQ.NO.\_\_\_\_\_

Suggested Source of	Supply:	Date:			
Vendor Name:			<u>Ship to</u> :Adelphi l	Jniv/Your Name	:
Location Address:			Building/Room/D	)ept.:	
City:	State:	Zip:	Location Address:		
Phone #	E-Mail Address must be provided if being e	E-Mail Address must be provided if being e-mailed to vendor		Purchase Order should be: Credit Card	
Account No.	Delivery	Required	Mailed Do Not Send to V	ed Vendor(DNSTV)	or

## Instructions:

Type, print or write clearly. Send original (print on BLUE paper) to Purchasing Dept. and retain a copy for your

Quantity	Description	Unit Price	Total

Business Justification:(Required for all purchases)

Authorized signature

Extension

Comments and/or Instructions:

Updated