

Staff Purchases Only - Purchase Requisition Form

Last Name: _____

First Name: _____

Department: _____

Extension: _____

Description of Items to be Purchased

Remember to attach your ITS quote/equote to this form

Purchase Approval

I authorize ITS to charge up to the amount of \$_____ plus tax and shipping as necessary, for the items listed above.

Spend Category Label

Program	Project	Grant	Gift	Cost Center	Fund	Function
<input type="text"/>						

Purchase Approval - Account Administrator

Print Name

Signature

Date

Account/Fund Verification and Approval

Account/Fund Verification - Treasurer's Office

Print Name

Signature

Date

Completed forms should be submitted to:

ITS Purchase Requisition Request (Staff Purchases)
Information Technology Services
Roberts South, Room12

Completed by ITS

ITS Approval:

Print Name

Signature

Date

Ordered By: _____

Date Ordered: _____

Vendor: _____

PO#: _____