

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

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)
 Instructional Technology and Client Services
 Roberts South, Room12

Completed by ITS

ITS Approval:

_____ _____ _____
Print Name *Signature* *Date*

Ordered By: _____ Date Ordered: _____

Vendor: _____ PO#: _____