HOFSTRA UNIVERSITY®

PURCHASE REQUISITION

(THIS IS NOT A PURCHASE ORDER)

Fax to Procurement Services at 516-463-4605

NO COVER SHEET REQUIRED. IF FAXING, DO NOT MAIL.

Attachment(s): Yes ____ No ____ Total number of pages faxed: ____

53479:4/14

Request Date: _____ **Need Date:** _____

Delivery Information:

Requestor Name _____

Department _____

Building _____ Room _____

Phone ( ) _____ Fax ( ) _____

Email _____

Suggested Supplier:

Supplier Name _____

Address _____

_____

Phone ( ) _____ Fax ( ) _____

Contact Name _____

Quantity	Description (catalog number, model number, etc.)	Unit Price	Total Price

GRAND TOTAL:

Rationale for supplier suggestion and/or special instructions/bidding information/comments:

_____

Departmental Authorization:

Budget Year _____

Fund _____ Organization _____ Account _____ Amount: $ _____

Fund _____ Organization _____ Account _____ Amount: $ _____

Requestor Name _____ Signature _____

Approver Name _____ Signature _____

Procurement Services Use Only:

Approver _____ Date _____ Purchase Order Number _____