Hofstra University Purchase Request

Please complete this form and return it to the Purchasing Department in Room 201 Phillips Hall for processing.

Date _____

Budget Information:

Fund _____ Organization _____ Account _____ Program 01

Departmental Authorization:

Print Name Stanley Cherian Signature _____

Delivery Information

Name and Extension of Person Ordering _____

Department/Room Number/Building Student Activities 260 Mack Student Center

Vendor Information:

Name of Company _____

Address _____

Contact _____ Telephone_____ Fax _____ **Item(s) to be Ordered:**_____

Quantity	Item (Please include model number and description)	Unit Price	Total Price
		TOTAL:	

Reason for using this Vendor: Sole Source ☐ Bids Attached ☐ Other (Be Specific)_____

_____

_____

_____

Purchasing Department Approval _____ Date _____ Purchase Order Number: P _____