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 _____ Signature _____

Delivery Information:

Name and Extension of Person Ordering _____

Department/Room Number/Building _____

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

Reason for using this Vendor: Sole Source____ Bids Attached____ Other (Be Specific) _____

_____

_____

_____

Purchasing Department Approval_____ Date ___/___/___ Purchase Order Number: P_____