

Today's

Request Date: Date Need Date: Needed

## PURCHASE REQUISITION

(THIS IS NOT A PURCHASE ORDER)

EMAIL to Procurement Services at PurchaseReq@hofstra.edu

OR

FAX to Procurement Services at 516-463-4605

Delivery Information:	Suggested Sup	plier:	
Requestor Name Administrative Advisor Name	Supplier Name_	Vendor	Name
Department Student Leadership & Engagement	Address Vendor Address		
Building Location it will be shipped to on campus Room #	Vendor City, State, Zip		
Phone 516-463-6914 Fax 516-463-6030	Phone Vendor Phone Fax Vendor Fax		
Email Admin Advisor Email	Contact Name V	endor Repres	<u>entative Nam</u> e
Quantity Description (catalog number, model	number, etc.)	Unit Price	
# needed details about the	item	cost for	unit price x quantity
A nurcha.	se requisition f	orm is	+
used	to cover costs	of	
and/or in	sportation over place of an up	front	
company	a vendor (ex: a won't start prod	luction	
until t	ney have a forn payment).	n of	
Rationale for supplier suggestion and/or		GRAND TOTAL	total \$ of req
special instructions/bidding information/comments:	4.4.		
Example: vendor was most co	mpetitively pri	cea; usea prior	
Departmental Authorization: Budget Year			1
Fund Organization	Account	nnlet	ed
Fund Organization PlanK	Account	Am	ount of T
Requestor Name 200 Signature	otive	AdV	SUI
Approved Name Admin Signature	2001	Date	e
Procurement Services Use Only:			
Approver	Date	Purchase Order Nur	nber

Date PO is