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:

Departmental Authorization:
Print Name: Anita Ellis Signature: ________________________________

Delivery Information:
Name and Extension of Person Ordering: Pamela M. Orefice - 36924

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

Vendor Information:
Name of Company:

Address:

Contact: Telephone: Fax:

Item(s) to be Ordered:

<table>
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<tr>
<th>Quantity</th>
<th>Item (Please include model number and description)</th>
<th>Unit Price</th>
<th>Total Price</th>
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Reason for using this Vendor: Sole Source ________ Bids Attached ________ Other (Be Specific) ______________

Purchasing Department Approval __________________________ Date _____ / _____ / _____ Purchase Order Number ____________