



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**

60953.5/15

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 _____ Date _____

Approver Name _____ Signature _____ Date _____

Procurement Services Use Only:

Approver _____ Date _____ Purchase Order Number _____