PURCHASE ORDER REQUEST FORM

ACCOUNT #: _____ CP #: _____ WO #: _____ EQUIPMENT: _____

If Account is M&O You **MUST** check one of the following: ☐ Reimbursable ☐ Non-Reimbursable

REQUESTOR: _____ PHONE #: _____ DATE BIDS REQUESTED: _____ ☐ Check here for copy of PO

COMPANIES CONTACTED: $0-$5000 (1 VENDOR-PREFER 3 TO RECEIVE COMPETITIVE PRICING), $5001-$25000 (3 minimum, 2 must be HUBS)

VENDOR (A): _____ PHONE #: _____ VID #: _____ CONTACT: _____

VENDOR (B): _____ PHONE #: _____ VID #: _____ CONTACT: _____

VENDOR (C): _____ PHONE #: _____ VID #: _____ CONTACT: _____

			A		B		C	
ITEM NO.	DESCRIPTION	QUANTITY & UNIT	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION
COMPLETE NAME & ADDRESS OF SUCCESSFUL BIDDER:		TOTAL:						
		F.O.B.:						
		DELIVERY TIME:						
		WOMAN:	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ NO
DELIVER TO:		HUB:	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ NO
☐ Central Receiving								
☐ Department								
☐ Other		Manager Approval:					Date:	

***Terms are Net 30 & Price to include shipping.**

Rev. 05/25/05