

Distribution:
 WHITE – Purchasing
 YELLOW – Department

UNIVERSITY OF THE VIRGIN ISLANDS

No. _____

PURCHASE REQUISITION

Page _____ of _____

Recommended Vendor(s): _____

Department Requisition Number _____

Date _____

Required Delivery Date _____

For Purchasing Office Use Only

Vendor Number _____

Ship Via _____

F.O.B. Point _____

Terms: _____

DELIVER TO	
Location _____	
Attention: _____	
For Purchasing Office Use Only	
Bids ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Quotations ?	<input type="checkbox"/> <input type="checkbox"/>
Confirming: Phone <input type="checkbox"/>	Checked By _____
Wire <input type="checkbox"/>	
Other <input type="checkbox"/>	
Date _____	Purchase Order No. _____
Not Confirming <input type="checkbox"/>	

Item No.	Quantity	Unit of Measure	Description (Give complete & detailed Specifications)	Est. Unit Price	Estimated Total

Intended Use _____

This Requisition Covers Our Need For:

<input type="checkbox"/>	One Yr.	<input type="checkbox"/>	One time Purchase
<input type="checkbox"/>	6 mos.		
<input type="checkbox"/>	3 mos.		

Requisitioned By _____

Budget Approval: Department Head _____

ESTIMATED TOTAL					
Name of Department To Be Charged _____					
Budget Code	Index	Fund	Orgn	Account	Prog
Account Name _____					
For Accounting Use Only					
Approved _____					
Encumbrance Number _____					