

INTERDEPARTMENTAL REQUISITION

(Please Print)

DATE:

SUPPLIER
NAME:

PTAO:

ADDRESS:

INDICATE ONE:

CITY/STATE:

REGULAR ORDER

TEL #:

PHONE CALL

FAX #:

Quantity	Catalog #	Description of Item	Unit Cost	Total Cost
			TOTAL AMOUNT	

REQUESTED BY:

AUTHORIZED BY: _____

Contract Vendor Used
DMBE Minority or Woman Vendor Used
No DMBE Minority or Woman Vendor avail.
DMBE Minority or Woman Quote on file

