



PURCHASE REQUISITION

DATE SUBMITTED:

Check _____

VT _____

ACH _____

VENDOR NAME:		Business Office (Voucher Month)	
ADDRESS:		PO #:	
		VENDOR #:	
CITY, STATE ZIP:		W9:	

MWBE		BIDS:		TO PAYROLL:	
		CONSTR/F. A:		ADVANCE:	

BUDGET ACCOUNT # (X-XXXXXX-XXXXX)	DESCRIPTION & BUSINESS PURPOSE	QTY	COST PER ITEM	COST (QTY x COST PER ITEM)
	SHIPPING			
	TOTAL			

APPROVAL SIGNATURES (#1 and 2 are required, others as applicable)

1. _____
Requestor

6. _____
Controller (\$1000 and over)

2. _____
Department manager/chair or next level manager

4. _____
Athletics Compliance Officer (if applicable)

7. _____
VP for Business Affairs (\$10,000 and over)

3. _____
Provost (\$1000 and over for Academic Depts. only)

5. _____
Grants Administration Manager (for grants)

8. _____
President (\$25,000 and over)

Revised 9/28/22 (Business Affairs)

=====OFFICE USE ONLY=====

VOUCHER NO.

DATE PAID

CHECK NO.
