**SALISBURY UNIVERSITY**

**PROCUREMENT OFFICE**

**REQUISITION FOR COMMODITIES/SUPPLIES AND SERVICES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PURCHASING OFFICE**  **HH-222** |  | **AUXILIARY SERVICES**  **CB-206** |  | **INFORMATION TECH**  **TE-101** |  | **SUPPORT SVCS SB-100** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **DELIVERY DATE** | **DEPT/PROJECT CODE** | **ACCOUNT CODE** | **DEPARTMENT NAME** | **CONTACT PERSON** |
|  |  |  |  | Dept. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DEPARTMENT DELIVERY LOCATION (BLDG & ROOM NO.**) | **DEPARTMENT CONTACT TEL. NO.** | **FISCAL YEAR** | **CONTRACT NUMBER** |
|  |  |  |  |

**SUGGESTED VENDORS: (Include Name, Address, Telephone No. Fax No. and FEID or SS Number**

**Name of Vendor**

| **Line No.** | **Quantity** | **Cat#** | **Description** | **Unit Price** | **Total** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
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|  |  |  | **Total:** |  |  |

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# BUDGET ADMINISTRATOR'S SIGNATURE OR AUTHORIZED DESIGNEE DATE TOTAL DOLLAR AMOUNT