SALISBURY UNIVERSITY
PROCUREMENT OFFICE

REQUISITION FOR COMMODITIES/SUPPLIES AND SERVICES

PURCHASING OFFICE HH-222	**X**	**AUXILIARY SERVICES CB-206**		**INFORMATION TECH TE-201**		**SUPPORT SVCS SB-100**	

DATE	**DELIVERY DATE**	**ACCOUNT CODE**	**DEPARTMENT NAME/Work Order #**	**CONTACT PERSON**

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)

Line No.	**Quantity**	**Unit**	**Description**	**Unit Price**	**Total**

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