

**SALISBURY UNIVERSITY  
PROCUREMENT OFFICE**

**REQUISITION FOR COMMODITIES/SUPPLIES AND SERVICES**

<b>PURCHASING OFFICE</b> HH-222	<b>X</b>	<b>AUXILIARY SERVICES</b> CB-206	<b>INFORMATION TECH</b> TE-201	<b>SUPPORT SVCS</b> SB-100
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<b>DATE</b>	<b>DELIVERY DATE</b>	<b>ACCOUNT CODE</b>	<b>DEPARTMENT NAME/Work Order #</b>	<b>CONTACT PERSON</b>

<b>DEPARTMENT DELIVERY LOCATION (BLDG &amp; ROOM NO.)</b>	<b>DEPARTMENT CONTACT TEL. NO.</b>	<b>FISCAL YEAR</b>	<b>CONTRACT NUMBER</b>

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

<b>Line No.</b>	<b>Quantity</b>	<b>Unit</b>	<b>Description</b>	<b>Unit Price</b>	<b>Total</b>

BUDGET ADMINISTRATOR'S SIGNATURE OR AUTHORIZED DESIGNEE \_\_\_\_\_ DATE \_\_\_\_\_

\$ \_\_\_\_\_ TOTAL DOLLAR AMOUNT