PURCHASE REQUISITION P.O. # _____

Memorial Union — Student Senate Organizations
URI, Kingston, R.I. 02881

SUGGEST A VENDOR:

NAME: _____

ADDRESS: _____

_____

ATTN: _____

PHONE: _____

CHECK ONE: MEMORIAL UNION ☐

STUDENT ORGANIZATION ☐

AUTHORIZED 1.) _____

SIGNATURE 2.) _____

I AUTHORIZE THAT FUNDS ARE AVAILABLE FROM BELOW NAMED ACCOUNT

THIS IS NOT A PURCHASE ORDER

	REQUEST	NEED BY	ORDERED	PAYMENT TERMS	SHIPPING TERMS
DATE					
NAME					

ITEM NO.	QUANTITY	SUPPLIER OR STOCK NO.	DESCRIPTION	PRICE/UNIT	DISCOUNT	AMOUNT

CATEGORY NO.:

NAME OF ACCOUNT/ORGANIZATION:

TOTAL $

VENDOR INFORMATION

APPROXIMATE DELIVERY DATE	IN STOCK YES ☐ NO ☐	WRITTEN QUOTATION REQUESTED YES ☐ NO ☐	INVENTORY TAG #	**CONTACT (Salesman's Name)**	CATALOGUE ITEM YES ☐ NO ☐

SPECIAL INSTRUCTIONS:

A COPY OF THE ACTUAL PURCHASE ORDER WILL BE SENT TO YOU WHEN TYPED.