

*Required fields are in yellow – click at the beginning of each cell to edit

THIS IS NOT A PURCHASE ORDER

DATE RECEIVED IN PURCHASING		THREE RIVERS COLLEGE PURCHASE REQUISITION			REQUISITION		
ORDERING DEPARTMENT		PHONE NUMBER	DATE REQUIRED		SPECIAL NOTES		
REQUESTED BY		DATE		Is this a Grant? <input type="checkbox"/> yes <input type="checkbox"/> no			
APPROVED BY		DATE		Is this an IT-related purchase (i.e. hardware/software/peripheral)? <input type="checkbox"/> yes <input type="checkbox"/> no			
SUGGESTED VENDOR (NAME AND ADDRESS)			SHIP TO		Is this a Student Activity purchase? <input type="checkbox"/> yes <input type="checkbox"/> no		
					Does this contain any chemicals? <input type="checkbox"/> yes <input type="checkbox"/> no		
ITEM	DESCRIPTION	CATALOG NUMBER	QTY	UNIT	UNIT PRICE	AMOUNT	
1							
2							
3							
4							
5							
PURCHASE AUTHORITY		TERMS			TOTAL		
FEIN/SSN		PO NO.		Reviewed by			
BANNER @ BU _____ BI _____		RETURN CHK <input type="checkbox"/>					
COMM	FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	LOCATION	AMOUNT

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