

# Lake Superior State University PURCHASE REQUISITION

Department \_\_\_\_\_  
Suggested Vendor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
Dept. Req. No. \_\_\_\_\_  
Deliver to: \_\_\_\_\_  
Est. Cost \_\_\_\_\_

+-----+  
| DO NOT WRITE IN THIS  
| SPACE  
| Acct.No.App. \_\_\_\_\_  
| Budget Chk. \_\_\_\_\_  
| FOB \_\_\_\_\_  
| Terms \_\_\_\_\_  
| Promised Del \_\_\_\_\_  
| Req.No. \_\_\_\_\_  
+-----+

List other possible vendors on back.  
FOB point \_\_\_\_\_  
Delivery \_\_\_\_\_ Req. \_\_\_\_\_

\_\_\_\_\_  
Authorize Approval  
Signature

ITEM	QTY	UNIT	PART-NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
			<b>TOTAL</b>		