# ADELPHII UN\|NERS\|TY <br> <br> PURCHASE ORDER REQUISITION 

 <br> <br> PURCHASE ORDER REQUISITION}

ORDER NO.
VENDOR NO. $\qquad$

Suggested Source of Supply:

| Vendor Name: |  |  | Ship to: Adelphi Univ/Your Name: |
| :---: | :---: | :---: | :---: |
| Location Address: |  |  | Building/Room/Dept.: |
| City: | State: | Zip: | Location Address: |
| Phone \# | Fax \#/ E-Mail Address: <br> must be provided if po is being faxed or e-mailed to vendor. |  | Check One: <br> Purchase Or Prepayment $\square$ Credit Card $\square$ |
| Account No. |  | Delivery Required | Mailed $\square \quad$ Faxed $\square \quad$ or Do Not Send to Vendor (DNSTV) |

Instructions:
Type, print or write clearly. Send original (print on BLUE paper) to Purchasing Dept. and retain a copy for your

| Quantity | Description | Unit <br> Price | Total |
| :--- | :--- | :--- | :--- |
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## Business Justification: (Required for all purchases)

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[^0]:    Comments and/or Instructions:

