

PURCHASE ORDER REQUISITION

ORDER NO)		DEPT NO						
VENDOR NO					REQ.NO				
	Source of Suppl	ly:					Date:		
Vendor Name:					Ship to: Adelphi Univ/Your Name:				
Location Address:					Building/Room/Dept.:				
City:		State: Zip:		Zip:	Location Address:				
Phone #		Fax #/ E-Mail Address: must be provided if po is being faxed or e-maile to vendor.		Check One: Purchase Order should be: Prepayment Credit Card					
Account No.		·L	Delivery Required		Mailed Do Not Send		Faxed or (endor (DNSTV)		
Instructions Type, print Quantity	: or write clearly	. Send ori		t on BLUE par	per) to Purchasi	ing Dept. a	nd retain a c Unit Price	opy for your Total	
							Title		
Rusiness Ju	 stification: (Re	anired for all 1	nurchaeae)						
Dusiness &	istilication. (K	quired for an j	purchases)						
	 								
	Authorized signature						Extension		
	Authorized S	ignature (E	Executive L	eader)		· ·	Extension		
Comments and	d/or Instructions:								