MOUNT HOLYOKE SM

Purchase Requisition

Date: _____

Purchase: _____
Confirm: _____
P.O. # _____

Vendor Name: _____
Address: _____
_____
_____
_____

Vendor Contact: _____ Desired Delivery Date: _____

Vendor Tel #: _____ Deliver To: _____

Vendor Fax #: _____ Comments: _____

	CO	Acct. Unit	Account	Sub-Account	Activity (if required)
Accounting Distribution	**0010**				
	(4 max)	*(6 max)*	*(5 max)*	*(4 max)*	*(6 max)*

Qty	Unit of Measure	Description	Part #	Unit Price	Total Price

Purchasing reserves the right to substitute vendors

Subtotal _____
S/H _____
TOTAL $ _____

Requested By: _____

Department: _____

Approved By: _____

Phone #: _____ Date: _____

Purchasing, 6 Skinner Hall or Fax x2227

Mass Tax Exempt Cert. No. E04-210-3578