

MOUNT HOLYOKE

Purchase Requisition

For Internal Use Only - not valid for issuing to a supplier

For Purchasing Use Only

Date: _____

Purchase:

Vendor Name: _____

Confirm:

Address: _____

PO #

Vendor Contact: _____

Desired Delivery Date: _____

Vendor Tel #: _____

Deliver To: _____

Vendor Fax #: _____

Comments: _____

	CO	Acct. Unit	Account	Sub-Account	Activity (if required)	Amount
Accounting Distribution	0010 <i>(4 max)</i>	<input type="text"/> <i>(6 max)</i>	<input type="text"/> <i>(5 max)</i>	<input type="text"/> <i>(4 max)</i>	<input type="text"/> <i>(6 max)</i>	<input type="text"/>

Quantity	Unit of Measure	Description	Part #	Unit Price	Total Price

Purchasing reserves the right to substitute vendors

Subtotal	<input type="text"/>
Shipping	<input type="text"/>
TOTAL \$	<input type="text"/>

Requested by: _____

Department: _____

Approved by: _____

Phone #: _____

Date: _____

Completed form must be sent Purchasing, 6A Skinner Hall or Email to: purchasing@mtholyoke.edu or Fax to x.2227