

TRINITY UNIVERSITY REQUISITION

Vendor Information

Name: _____ Tax ID: _____

Address: _____

New vendor? No Yes Not sure

Purchase Information

Department: _____ Contact: _____
 (Name/Email/Extension)

Delivery point- Bldg/Rm: _____

Description/Business Purpose: _____

Request Type (Check one): Purchase Order Blanket Purchase Order
 If Capital Expenditure (Check one): Capital Equipment Capital Project

Budget Account Number

(Enter as xx_xx_XXXXXX_XXXX)

Colleague Project ID

Amount

Grand Total: _____

Notes for FSC or AP:

Authorization Signature(s)

 Budget Manager/PI Approval (Print Name)

 Budget Manager/PI Signature

 Date

 Vice President Approval (over \$5,000) (Print Name)

 Vice President Signature

 Date

PURCHASING USE ONLY:

PO/BPO#:	Date:
Processed by:	

FSC USE ONLY:

Reviewed By:	Note for Purchasing:
Date:	