

BOWIE STATE UNIVERSITY

PURCHASE REQUISITION

Date _____

Encumbrance No. _____

Purchase Order No. _____

Purchase Order Date _____

DEPARTMENT _____

DATE NEEDED _____

DELIVER TO _____

SPECIAL INSTRUCTIONS _____

ITEM	QUANTITY	UNIT	Please give full description, including state specification number, your preferred brand or make, if any, including the complete model or manufacturer's number for all equipment and spoolies. Pictures or samples should be attached, if available. Prices estimates must be reasonably accurate.	HOW PACKED	ESTIMATED UNIT COST	ESTIMATED TOTAL PRICE
TERM		F.O.B.	PROMISED DELIVERY		TOTAL PRICE	

REQUESTED BY		DATE	DEPARTMENTAL BUDGET OFFICER APPROVAL/DATE	
ACCOUNT NUMBER			AMOUNT	
ACCOUNT NUMBER			AMOUNT	
ACCOUNT NUMBER			AMOUNT	

APPROVAL BY: _____
 UNIVERSITY BUDGET OFFICER

DATE: _____