ROGER WILLIAMS UNIVERSITY
PURCHASE REQUISITION/PAYMENT REQUEST FORM

№ 08292

THIS FORM FOR INTERNAL USE ONLY
PLEASE PRESS FIRMLY - RETAIN PINK THEN FORWARD ALL TO PURCHASING WITH SUPPORTING DOCUMENTATION (RECEIPTS, INVOICES, REGISTRATION FORMS, ETC...)
DO NOT USE THIS FORM IF A PURCHASE ORDER HAS ALREADY BEEN ISSUED.

Circle One: **Purchase Order Request** **Prepay** **Check Request**

Purchase Order Number	Date:	Department Name:

SUGGESTED VENDOR/PAYEE NAME

NAME:

TAX ID/SS # FOR " 1099 VENDOR"

ADDRESS:

CITY: STATE: ZIP:

Phone:

Fax:

Contact

Budget Account Number: ___ - ___ - ___

Amount:

Amount:

Amount:

Amount:

Requested Delivery: Requested By:

SPECIAL INSTRUCTIONS:

ORDER INFORMATION – ATTACH ADDITIONAL SHEETS IF NECESSARY

Quantity	Product or Ctlg #	Complete Description	Unit Price	Total Price
			Total	

APPROVALS

Department	Date	Dean or Department Head	Date	Vice President	Date

WHITE - PURCHASING/FINANCE CANARY - CONFIRMATION TO REQUISITIONER PINK - REQUISITIONER RETAIN