PURCHASE REQUISITION

Date: 19

Department

Account No.

Account Name

You are hereby requested to procure/provide the following:

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>QUANT.</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMT</th>
</tr>
</thead>
</table>

This material is needed for ____________________________

Suggested Source: ____________________________

The above items should be delivered to ____________________________

Not later than ____________________________

If emergency purchase, state why ____________________________

Originated By ____________________________ Phone ____________________________ Dept. Chairman Approval ____________________________

Approved: ____________________________

Dean: ____________________________

V.P.: ____________________________

Contracts and Grants: ____________________________

Procured on P.O. No. 724- ____________________________

Signed: ____________________________ Buyer: ____________________________