

**PURCHASE REQUISITION FOR SUPPLIES,
SERVICES, AND/OR EQUIPMENT**

This form is to be used for purchases greater than \$5,000 or [items listed here regardless of dollar amount.](#)

Requestor Name: _____ Date: _____

Requestor Email: _____ Date Needed: _____

Department: _____ Funding String(s): _____

Business Purpose: _____

Delivery Information for Telecommuting Address (If left blank, delivery will be made to UWL.)

Name on Delivery: _____

Phone for Delivery: _____ Email for Delivery: _____

Street Address: _____

City, State, Zip: _____

Suggested source for purchase	
Vendor Name:	Phone:
Street Address:	Fax:
City, State, Zip:	Email:
Orders > \$5,000 require a minimum of 3 quotations and they must be attached to the requisition.	
Orders > \$50,000 require sealed bids--please contact Purchasing at 8724.	

Quantity	Unit	Catalog Number	Description, including manufacturer brand, size, color, instruction, notes	Unit Price	Extended Price
				Total	

Printed Name of WISDM Manager _____ Signature of WISDM Manager _____ Date _____

If over \$2,500, Dean/Vice Chancellor signature is required before submitting to Business Services.

Printed Name of Dean/Vice Chancellor _____ Signature of Dean/Vice Chancellor _____ Date _____

For Purchasing Services Use Only:		
Vendor #	_____	Budget Planner Approval - over \$10,000
Account code	_____	Office of Administration & Finance - over \$10,000
NIGP	_____	Purchasing Director Approval
Contract #	_____	