

Cabrini University Purchase Requisition

ROUTE TO: ADMINISTRATIVE SERVICES

Suggested Vendor: _____

 Street _____
 City, State, Zip _____

Attn: _____

Tel: _____

Fax: _____

Ship **Cabrini University Mailroom**

To: **Department:** _____

Attn Of: _____

Requisitions greater than \$1,000:
Payment Approval Copy sent to Requisitioner.

DATE	DATE REQUIRED	TERMS OF PAYMENT	FOB		Designation (Vendor Pays Freight Charges)			Origin (Vendor Does Not Pay Freight Charges)	
Item	Qty	Unit	Product Description					Unit Price	Amount

VENDOR	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		TOTAL:
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Requested by:*	Approval to charge account(s) indicated:	PURCHASING OFFICE USE ONLY
Campus Address*:		
Campus Phone & Fax*:		
Signature	Title	Print Name
		Budget Approval
		Buyer's Signature