

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 CODE			<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				TOTAL:

Requested by: Campus Address*: Campus Phone & Fax:*	Approval to charge account(s) indicated:	PURCHASING OFFICE USE ONLY
	Signature	
		Title