PURCHASE REQUISITION

(Please refer to these instructions for help originating this form)

Return completed forms to:
Purchasing-Requisitions Only routing status in Xtender
or email to purchasing@unco.edu

DATE	DATE REQUIRED BY

ORDERING DEPARTMENT INFORMATION

DEPARTMENT COPY OF PO TO	PHONE	DEPARTMENT NAME	BLDG/ROOM	CAMPUS BOX

SHIP TO ☐ Warehouse ☐ Department ☐ Other ADDRESS _____ CITY _____ STATE _____ ZIP _____

☐ PAY ON PCARD Cardholder Name _____ PCard FOAP Signature ? _____

VENDOR INFORMATION

NAME _____ BEAR NUMBER _____ ☐ New Vendor ☐ W-8/W-9 Attached

ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE ( ) _____

CONTACT _____ VENDOR EMAIL _____ QUOTE # _____

PO TYPE (Select One) ☐ Regular Order ☐ Standing Order DATE RANGE (If standing order): _____ TO _____ ☐ Commodity Accounting

FUND	ORGN	ACCT	PROG	ACTIV	AMOUNT	SIGNATURE	DATE
FUND	ORGN	ACCT	PROG	ACTIV	AMOUNT	SIGNATURE	DATE
FUND	ORGN	ACCT	PROG	ACTIV	AMOUNT	SIGNATURE	DATE
FUND	ORGN	ACCT	PROG	ACTIV	AMOUNT	SIGNATURE	DATE

For Funds 328XX,329XX, or 3XXXX Only

	SIGNATURE
FOUNDATION APPROVAL	
GRANT APPROVAL	

LINE NO.	QTY.	UNIT PRICE	UNIT OF MEASUREMENT	DESCRIPTION	AMOUNT
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
				GRAND TOTAL	

PURCHASING ONLY

COMM CODE _____ BID # _____ DOC TEXT _____

CONTRACT # _____ PURCHASE ORDER # _____

	SIGNATURE	DATE
PURCHASING APPROVAL		