

PURCHASE REQUISITION

From: _____ (Account Name and Number) _____ (Date)

To: **Student Cooperative Assn. Business Office, Hadley Union Building**
Please order the below listed items from:

Name: _____ Federal Identification Number or Social Security Number No.* _____

Address: _____ *(To be filled in if the vendor is providing a service or rental and is not incorporated)

City and State: _____ Zip: _____

Deliver to: _____ Delivery is needed by: _____
Name Building Address

Please answer the following questions:

Yes No

Is the merchandise to be picked up? _____

Is this a confirming order? (Co-op approval required) _____

Are there materials to be attached to the Purchase Order? _____

Do you wish to hand carry purchase order? _____

(For Office Use Only)

Account No. _____

P.O. No. _____

Please give a brief explanation of the nature and use of goods and services ordered

Event Name: _____ Date: _____ Location: _____

Quantity	Unit	Description (be as detailed as possible)	Unit Price	Total Price
INSTRUCTIONS				TOTAL

1. **Avoid rush orders. Anticipate your needs. Allow time for delivery.**
2. **If purchase exceeds \$5,000 attach evidence of having obtained three or more bids for this request, unless there is only one vendor. We will be glad to obtain bids for you.**
3. **If exact price is unknown, indicate estimate**

Signed: Student Officer

Approved: Advisor