



PURCHASE ORDER REQUEST FORM

PURCHASING
(585) 385-8049

RQ NUMBER _____

BANNER ID NUMBER
(Purchasing use only) _____

VENDOR NAME _____

DATE _____

ADDRESS _____

BANNER FOAP _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

EMAIL ADDRESS _____

DATE REQUIRED _____

| QUANTITY | DESCRIPTION | UNIT PRICE | TOTAL PRICE |
|----------------|-------------|------------|-------------|
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| | | | |
| TOTAL → | | | |

REQUESTOR NAME _____
Print

APPROVER NAME _____
Print

P.O. NUMBER _____
Assigned by Purchasing

APPROVER SIGNATURE _____
Date

INSTRUCTIONS

Please print legibly and complete the entire form. "On File" is not an acceptable response, even if the vendor has been used in the past.

VENDOR NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and EMAIL ADDRESS:

- The vendor name, complete mailing address, telephone number, and email address **are ALL required**.
If there is more than one address for this vendor, then indicate the address where the purchase order is to be sent.
- If the vendor is an individual, the person's legal name must be provided with middle initial, i.e. William E. Smith (not Bill Smith).

RQ NUMBER:

- Optional. RQ Number can be assigned by departments for their internal use and purposes.

BANNER ID NUMBER:

- Not required. Banner ID number associated with this vendor and used by the Purchasing Department.

DATE:

- Date of the request.

BANNER FOAP:

- Provide complete FOAP (Fund, Org, Account, and Program) to be charged for the total amount listed above.
If more than one FOAP is appropriate, then individually list each complete FOAP and the amount to be charged.

DATE REQUIRED:

- Date by which delivery is needed.

QUANTITY, DESCRIPTION, UNIT PRICE, and TOTAL PRICE

- For each item provide quantity, a complete description and the unit price.
- Complete and attach all documentation necessary to support ordering the items listed. Quotes clearly indicating the purchase are appreciated.

REQUESTOR NAME

- Person requesting the Purchase Order.

P.O. NUMBER:

- Purchase Order Number is assigned by Purchasing Department.

APPROVER NAME, SIGNATURE and DATE

- The Budget Manager (person responsible for each FOAP) must print their name, sign, and date the form indicating their approval of this request.
The Vendor **and** the Approver cannot be the same person.