SALISBURY UNIVERSITY
PROCUREMENT OFFICE

REQUISITION FOR COMMODITIES/SUPPLIES AND SERVICES

PURCHASING OFFICE HH-222	**X**	**AUXILIARY SERVICES CB-206**		**INFORMATION TECH FH-280**		**SUPPORT SVCS SB-100**	

DATE	DELIVERY DATE	ACCOUNT CODE	DEPARTMENT NAME/Work Order #	CONTACT PERSON

DEPARTMENT DELIVERY LOCATION (BLDG & ROOM NO.)	DEPARTMENT CONTACT TEL. NO.	FISCAL YEAR	CONTRACT NUMBER

SUGGESTED VENDORS: (Include Name, Address, Telephone No. Fax No. and FEID or SS Number)

Line No.	Quantity	Unit	Description	Unit Price	Total

_____ _____ $_____
BUDGET ADMINISTRATOR'S SIGNATURE OR AUTHORIZED DESIGNEE DATE TOTAL DOLLAR AMOUNT