

# PURCHASE REQUISITION

## MACALESTER COLLEGE

SAINT PAUL, MINNESOTA 55105

P.O. NO.	REQUISITION DATE	DATE REQUIRED
----------	------------------	---------------

**NAMES AND ADDRESSES OF PREFERRED VENDORS**

--	--	--

<b>DELIVER TO:</b> DEPT: PERSON: LOCATION:	<b>BE SURE                  UNITS AND                  UNIT MEASURE                  ARE RELATED                  PROPERLY</b>	EA. QT. GAL. CS. BX. CTN. C=100 M=1000	<b>SHOW ACTUAL COST.                  IF ACTUAL COST IS                  UNKNOWN AN ESTIMATED                  COST MUST BE SHOWN.</b>	<b>THIS                  SECTION                  OF FORM                  FOR                  PURCHASING                  DEPARTMENT                  USE ONLY</b>
---	--	---	--	--

NOTE: IF A WRITTEN QUOTATION WAS OBTAINED, TRANSMIT WITH THIS REQUISITION.

	VENDOR'S PRODUCT NUMBER AND DESCRIPTION	UNITS ORDERED	UNIT MEAS.	UNIT COST	TOTAL COST	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

**COLLEGE POLICY:** THE PURCHASING DEPARTMENT IS VESTED WITH SOLE AUTHORITY TO ORDER MATERIALS AND CONTRACT FOR SERVICES. THE COLLEGE WILL ASSUME NO OBLIGATION EXCEPT ON A DULY AUTHORIZED PURCHASE ORDER.

Requested by \_\_\_\_\_

Approved by \_\_\_\_\_  
DEAN OR ADMINISTRATIVE HEAD

ACCOUNT NO. \_\_\_\_\_

Funds available \_\_\_\_\_  
BUDGET DEPARTMENT