The Ohio State University

Requisition Form

Suggested vendor _____
Vendor name

_____
Street address

_____
City, state, zip code

_____
Telephone number Fax number

Vendor ID# _____

Ship to _____
Address

Location _____
Room Building name

Bldg.# code _____ Due date _____

Requisition ID number _____ Page _____ of _____

The first row is required information. The second row is optional.

Organization Fund Account Budget year

Project Program User defined

To be completed by Purchasing staff.

Order number _____ FOB _____

Deliver to _____ --- _____ Payment terms _____

Approved by _____ Date _____

Quantity	Unit of Measure	Project	Description	Unit Price	Extended Price
				TOTAL	

Initiated by _____ Date _____

Phone _____ E-mail _____ Fax _____

Authorized signature _____ Date _____

Requisition entered _____
Date Initials Buyer Approval