University of Wisconsin-Stout, Menomonie, WI 54751

Transaction #_____ PURCHASE REQUISITION (OFF CAMPUS PURCHASES)

Clear Form

Suggested Vendor(s) - Complete Addresses Including Zip Codes

(1) (2)

Requested by: _____

Date: _____

Ship to:

Vendor No. _____ Vendor No. _____ Bldg & Room #: _____

(3) (4) Contact Person: _____

Extension: _____

Vendor No. _____ Vendor No. _____

Account to be charged	1)	2)	3)	4)	5)
$ Amount to this Account					
Administrator Approval					

FOB Dest. our dock _____ Terms: Net 30 days

FOB Shipping Pt. * _____ or _____ Delivery: _____ Inquiry / Bid #: _____ Bulletin #: _____

Price source reference (Must be Completed)

Quantity	Unit	Description-Including Brand, Size, Color, Etc.	Catalog Number	Commodity Code	Unit Price	Total

Provide a brief description of items requested and how they will be used so proper expenditure coding may be assigned:

TOTAL 0.00