

VENDOR INFORMATION

Name _____ Contact Name _____
 Address _____ Phone _____
 City _____ State _____ Zip _____ Email _____

REQUESTING DEPARTMENT

Originator _____ Email _____
 Department _____ Fax _____ Phone _____
 Account: _____ Fund _____ Class _____ Project _____

ITEM DESCRIPTION

Description	UOM	Quantity	Unit Cost	Total

Original quotes must accompany each requisition. Please attach the following for:

- New Vendors-** Foundation Vendor Data Record form
- Services Provided-** Independent Contractor forms: Hold Harmless Waiver and Employee Determination
- Event Expenses-** Event Proposal Submission Form
- Hospitality Expenses-** Hospitality Expense and Request for Alcohol Use
- Alcohol-** Hospitality Expense and Request for Alcohol Use

Subtotal _____

Tax _____

Shipping _____

Grand Total _____

AUTHORIZED FUND SIGNATURES

Requisition over \$2,000 requires two signatures.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

FOR FOUNDATION USE ONLY

Vendor # _____ Purchase Order # _____

Foundation Approval _____ Date _____