



# DREXEL UNIVERSITY COLLEGE OF MEDICINE REQUEST TO PURCHASE

Route To: PURCHASING OFFICE

P.O. \_\_\_\_\_

**Section 1: Vendor Information**

**Section 2: Department Information**

**Section 3: Delivery Information**

Suggested Vendor:	Department:	Mail Stop #:	Room # / Location Address:
Address:	Requested By - Name & E-mail:		Deliver To:
Telephone #:	Dept. Phone #:		Today's Date:
FAX #:                      Contact Person:	Dept. Fax #:		Date Required:

**Section 4: Information on Item(s) Purchased**

Comm Code	Item	Qty	Unit	Vendor Cat #	Description	Unit Price	Extended Price
<b>Total:</b>							

**Section 5: Funding Source**

Fund Code	Org Code	Acct Code	Actv Code	Cost Center Title	Amount

**Section 6: Approvals - Print Name, Sign, & Date**

Person Submitting Purchase Requisition:
P.I. / Cost Center Administrator:
Director / Dean:
Vice President:

	FAX ORDER TO VENDOR
	DO NOT FAX ORDER TO VENDOR

NOTE: If the expenditure relates to a GRANT or CONTRACT, the authorizing signature noted above denotes that the expenditure complies with all applicable cost principles & regulations of the sponsoring entity.