



DREXEL UNIVERSITY COLLEGE OF NURSING AND HEALTH PROFESSIONS REQUEST TO PURCHASE

Route To: PURCHASING OFFICE

P.O. _____

Section 1: Vendor Information

Suggested Vendor:
Address:
Telephone #:
FAX #: Contact Person:

Section 2: Department Information

Department:	Mail Stop #:
Requested By - Name & E-mail:	
Dept. Phone #:	
Dept. Fax #:	

Section 3: Delivery Information

Room # / Location Address:	
Deliver To:	
Today's Date:	Date Required:

Section 4: Information on Item(s) Purchased

Comm Code	Item	Qty	Unit	Vendor Cat #	Description	Unit Price	Extended Price
Total:							

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.