Purchase Order _____

Check _____

Prepay _____

THE UNIVERSITY OF FINDLAY

1000 North Main Street · Findlay, Ohio 45840

REQUISITION

Date _____

To: Business Manager

Please order the following for the Department of _____

Goods to be delivered by _____ Acct No. _____

DATE

Name of firm _____ ID# _____

Address _____

_____

_____

Business Office Use Only

NOTE: Quantity X unit cost = total amount. Please include UNIT COST

QUANTITY	UNIT	DESCRIPTION (Please give size, color, shape, etc.)	UNIT COST	TOTAL
		Sub Total		
		Shipping & Handling		
		TOTAL		

Requested by **ID#**

_____ _____

Approved _____

DEPT. Head

Approved _____

Approved _____

CONTROLLER

Purchase Order # _____

Voucher # _____

Special Instructions _____

OFFICE USE ONLY