

UNIVERSITY OF RICHMOND PURCHASE REQUISITION

Date: _____

Vendor Information

Ship To:

Vendor Federal ID Number

Department (Delivery Destination)

Vendor Name

Room and Building

Address

Attention (Individual Receiving at Delivery Site)

Address

Telephone Number

City

Date Required _____
Ship/VIA

State _____
Zip Code

Attention (Vendor Rep)

Telephone

Index/Account Code

Facsimile

Authorized Signature (Party responsible for payment)

Description	Quantity	Unit Price	Total
()			

Receiving Copy: _____
Vendor Copy: _____
Payment Copy: _____

Shipping _____
TOTAL _____