

INTERNAL USE ONLY - THIS IS NOT A PURCHASE ORDER

REQUISITION FOR SUPPLIES AND EQUIPMENT

UMBC

PEOPLESOFT REQUISITION INPUT FORM

REQUISITION NO N E X T	DEPT NAME	DO NOT USE THIS SPACE
DATE PREPARED		FISCAL YEAR
BUYER	DATE ITEMS DESIRED	

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**THIS FORM CANNOT BE USED TO VOUCHER AN INVOICE.
USE THE UNIVERSAL VOUCHER FORM**

DELIVERY LOCATION (PROVIDE BLDG NAME, ROOM NO. AND PEOPLESOFT LOCATION CODE)

REQUESTER'S NAME AND PEOPLESOFT USERID: (Required)

Contact Name (if different):

PHONE

APPROVED: _____

DIRECTOR, DEAN OR HEAD OF DEPARTMENT

DO NOT USE THIS SPACE

SHIP IN:	TERMS:	FOB:					
LINE NO.	COMPLETE AND ACCURATE SPECIFICATIONS SHOULD BE GIVEN FOR EACH ITEM LISTED FAILURE TO DO SO WILL CAUSE DELAY - USE TYPEWRITER - DOUBLE SPACE BETWEEN ITEMS A SEPARATE REQUISITION SHOULD BE MADE OUT FOR EACH CLASS OF MATERIALS	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE	ITEM CATEGORY ID	DO NOT WRITE IN THESE COLUMNS

Comments:

PEOPLESOFT DISTRIBUTIONS (Note: Account value will default from Item Category chosen above)

AMOUNT	FUND	DEPT	P-FIN	SOF	P-OPR	PROJECT	ACTIVITY	RES-TYPE	RES-CAT

NOTE: IF THIS IS AN EMERGENCY PURCHASE PLEASE EXPLAIN BRIEFLY

TOTAL \$

APPROVED PROCUREMENT DEPARTMENT

BUYER

DATE