*JAMES MADISON UNIVERSITY PURCHASE REQUISITION*

|  |
| --- |
| *Please create a unique Purchase Requisition Number for record keeping using the following formula:*  *PR – Six Digit Org Code + Date (Mo) (Day) (Year) + sequence #*  *Example: 100000-07-14-2006-1*  *PR\_ \_ \_ \_ \_ \_ - \_ \_ - \_ \_ - \_ \_ \_ \_ - \_* |

|  |  |  |
| --- | --- | --- |
| ***For Department/Office Use***  Date:  Department:  MSC No.:  Room No:  Telephone Ext.: | | Deliver by (specific date):  Prepared By:  Email:  eVA Registered Vendor (Yes/No):  Deliver to Building: |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SUGGESTED VENDOR(S): PLEASE INCLUDE NAME, ADDRESS, ZIP CODE, PHONE NO. AND CONTACT PERSON, IF APPLICABLE** | | | | | |
|  | | | | | |
| **DESCRIPTION**  *Complete and accurate descriptions must be given. Failure to do so will cause delay. (Attach additional sheet if necessary)* | QUANTITY | | UNIT | UNIT PRICE | EXTENDED AMOUNT |
|  |  | |  |  |  |
| **CHECK APPLICABLE BOX: ACTUAL FREIGHT**  **ESTIMATED FREIGHT**  **PRICE DOES NOT INCLUDE FREIGHT** | | | | | |
| **MUST BE COMPLETED FOR EQUIPMENT (PURCHASE/LEASE)**  Check One: □ Purchase □ Installment Purchase □ Lease  *NOTE: If this equipment replaces any item included on the Annual Department Fixed Asset Verification, a transfer form must be completed for disposal or transfer of old equipment.* | | **FOR GRANTS AND CONTRACTS USE ONLY**  Individual items of equipment valued at $500 and above have met appropriate screening requirement.  *Authorization* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | | | |
| *Authorization*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Account Code Object Code Amount Capital Outlay*  *Project #*   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  |  |  |  | | |
|  | |



***Forward 1 Copy to Procurement Services Dept. and Retain 1 Copy for Your Record***