*JAMES MADISON UNIVERSITY PURCHASE REQUISITION*

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| *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\_ \_ \_ \_ \_ \_ - \_ \_ - \_ \_ - \_ \_ \_ \_ - \_* |

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| ***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:       |
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| **SUGGESTED VENDOR(S): PLEASE INCLUDE NAME, ADDRESS, ZIP CODE, PHONE NO. AND CONTACT PERSON, IF APPLICABLE** |
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| **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 #*

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