Material Request Form

Instructions/Process: Complete the form to the double line below.
Check the appropriate box to the left—how would you like the order processed.
Give this form and appropriate paperwork to your supervisor for approval.
If approved, forward for a purchase order number.

Check One:
- ☐ **Mail** to Vendor
- ☐ **Fax** to Vendor
- ☐ **E-Mail** to Vendor
- ☐ **Send to**

Requestee_____ Location _____ Date _____

Statement of Need_____

Vendor # _____ Vendor Name _____ Phone Number_____

Address _____ FAX Number _____ E-Mail_____

Quantity	Unit	Item Description (include catalog #)		Unit Cost	Total	Account Code
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
			Subtotal		$ 0.00	
			Shipping			
			Tax @ 9.0%		$ 0.00	
			Total		$ 0.00	
Supervisor's Authorization:						Date Signed:
General Fund:		ASB Fund:	PO Issue Date:		PO#:	

SUBMIT