

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 N	eed							
Vendor #	Vendor Name				Phone Number			
Address		FAX Number		ber	E-Mail			
Quantity	Unit	ltem	Description (include cat	alog #)		Unit Cost	Total	Account Code
					Subtotal			
					Shipping			
					Tax @ 9.0	%		
					Total			
Supervisor's Au	uthorization:				•		•	Date Signed:
General Fund		ASB Fund		PO Issue Date:			PO#·	•