

ITS Purchase Request Form

Once you have completed this request form, please forward it via email to the appropriate department director for approval. 

Requestor: Enter your name here	Date of Request:(mm/dd/yyyy)
Preferred vendor: Enter the vendor name	Vendor Phone/address: Enter vendor contact info
Vendor URL (general): Enter vendor URL	

If available, please attach a quote.

Delivery Location: Van Matre Hall 200. (Delivery will always be to VMH200 unless it is a large, heavy item that belongs in a different building (e.g., Gist Hall or the Library) ****or**** _____ Alternate Delivery Location *for large items only.*

Charge to:

Quantity	Description and SPECIFIC url or part number	Cost/each	Cost/Total
	Item url or part #:		
	Item url or part #:		
	Item url or part #:		
	Item url or part #:		
	Item url or part #:		
	Item url or part #:		
	Item url or part #:		
		Total:	

Special Project or Funds?

Notes: