The Ohio State University — Requisition Form

Suggested vendor _____
Vendor name

_____
Street address

_____
City, state, zip code

_____
Telephone number Fax number

Ship to _____
Address

Location _____
Room Building name

Bldg.# code _____ Due date _____

Requisition ID number | | | | | | | | | | | Page _____ of _____

The first row is required information. The second row is optional.

Organization	Fund	Account	Budget year

Project	Program	User defined

To be completed by Purchasing staff.

Order number | | | | | | | | | | | FOB _____

Deliver to | | | --- | | | | | | Payment terms _____

Approved by _____ Date _____

Quantity	Unit of Measure	Project	Description	Unit Price	Extended Price
					TOTAL

Initiated by _____ Date _____

Phone _____ E-mail _____ Fax _____

Authorized signature _____ Date _____

Requisition entered _____
Date Initials Buyer Approval