

OSU Extension Requisition Form

Bolded Items are Required

PO # Assigned: _____

Vendor Information:

Vendor Name: _____
 Fed or Vendor ID #: _____
 Street Address: _____
 Address Line 2: _____
 City, State, Zip: _____
Fax #: _____
 Service Rep: _____
 Telephone: _____
 Email: _____

Shipping Address:

Office Name: _____
Street Address: _____
 Address Line 2: _____
City, State, Zip: _____
 Building Code: _____
Contact Person: _____
Phone #: _____
Email: _____

Business Purpose:

PO Type (choose one):

General After-the-fact*

Blanket: Replaces PO# _____

Term: Replaces PO# _____

**include an explanation*

Quantity	Unit of Measure	Item Description	Due Date or Date Range	Unit Price	Extended Price
Total:					

Org	Fund	Account	Project	Program	User Defined	Percentage	Budget Year

Authorized Approver Signature: _____
Date: _____

BO Processor: _____
 Requisition #: _____