PURCHASE REQUISITION

THIS IS NOT AN ORDER – DO NOT PROVIDE THIS FORM TO VENDOR

(MUST WRITE LEGIBLY OR TYPE)

LEHIGH UNIVERSITY
PURCHASING DEPARTMENT
516 BRODHEAD AVENUE
PHONE: 83840 FAX: 84783
www.lehigh.edu/~inpur/inpur.html

(FOR PURCHASING USE ONLY)

PO NO:

REQ NO: R 130960

SUGGESTED VENDOR:

NAME _____

ADDRESS _____

_____

_____

PHONE _____ FAX _____

CONTACT NAME _____

ALL ITEMS IN RED ARE REQUIRED

BID/QUOTE GUIDELINES

*PURCHASES OF $2,000 - $5,000:
REQUIRES (3) VERBAL QUOTES

*PURCHASES OF $5,001 AND GREATER:
REQUIRES (3) WRITTEN QUOTES (ATTACH TO REQ.)

*IF BIDDING IS NOT POSSIBLE OR FEASIBLE:
YOU MUST COMPLETE SOLE-SOURCE FORM ON REVERSE SIDE OF THIS REQUISITION.

DEPARTMENT INFORMATION:

REQUISITION DATE _____

REQUISITIONER _____

EXTENSION _____

DEPARTMENT _____

LOCATION _____

DEPT. REF. NO. (OPTIONAL) _____

SHIP TO ADDRESS (IF DIFFERENT THAN ABOVE)

NAME _____

ADDRESS _____

_____

_____

PHONE _____ FAX _____

Line No.	Quantity	Unit Meas.	Description of Items	Unit Price	Extended Amount

FOB	Terms	Quote Date	Quote (include copies)	Date Required	Total Amount	

SPECIAL INSTRUCTIONS:

__Fax Order to Vendor
__Send Check With Order
__Other: _____

VENDOR SUGGESTED BECAUSE:

Complete Reverse Side

SOURCE OF PRICES INDICATED:

__Quotation Attached
__Phone Quote By_____Date_____
__Other (Explanation Attached)

INDEX	ACCOUNT	AMOUNT	AUTHORIZED SIGNATURE

Product/Equipment is ___New___Used (attach justification)

FOR EQUIPMENT ITEMS OF $5,000.00 OR MORE, READ AND SIGN THIS SCREENING CERTIFICATION

The item(s) described above has been screened against Dept.'s inventory records and similar items are not available or suitable for the requested item's intended use.

PI Original Signature Required _____ Date _____

Office of Research

White - Purchasing Yellow - Requisitioner (See instructions on back of Yellow copy)

LU 12/08