

ADELPHI UNIVERSITY

PURCHASE ORDER REQUISITION

ORDER NO. _____
VENDOR NO. _____

DEPT NO. _____
REQ.NO. _____

Suggested Source of Supply: _____

Date: _____

Vendor Name:			Ship to: Adelphi Univ/Your Name:		
Location Address:			Building/Room/Dept.:		
City:	State:	Zip:	Location Address:		
Phone #	E-Mail Address: <small>must be provided if being e-mailed to vendor</small>		Check One: Purchase Order should be: Prepayment Credit Card		
Account No.		Delivery Required	Mailed E-Mailed or Do Not Send to Vendor (DNSTV)		

Instructions:

Type, print or write clearly. Send original (print on BLUE paper) to Purchasing Dept. and retain a copy for your

Quantity	Description	Unit Price	Total

Business Justification: (Required for all purchases) _____

Authorized signature
Extension

Comments and/or Instructions: _____
