

The University of Texas at El Paso

**PURCHASE REQUISITION**

No. \_\_\_\_\_

Page \_\_\_ of \_\_\_ Pages

Date: \_\_\_\_\_  
To: \_\_\_\_\_

Department: \_\_\_\_\_  
Cost Center/Project ID #: \_\_\_\_\_  
Budget Account #: \_\_\_\_\_

You are hereby requested to procure/provide the following:

ITEM NO.	DESCRIPTION	QUANT	UNIT	UNIT PRICE	AMT.
<b>TOTAL</b>					

This material is needed for: \_\_\_\_\_

Suggested Source: \_\_\_\_\_

The above items should be delivered to: \_\_\_\_\_

Not later than: \_\_\_\_\_

If emergency purchase, state why: \_\_\_\_\_

Originated By: \_\_\_\_\_ Phone: \_\_\_\_\_ Dept. Chairman Approval: \_\_\_\_\_

Approved:

Dean: \_\_\_\_\_ Procured on P.O. No. \_\_\_\_\_

V.P.: \_\_\_\_\_

Contracts and Grants: \_\_\_\_\_ Signed: \_\_\_\_\_

Buyer