

# Boise State University Requisition

<b>FOR PURCHASING USE ONLY</b>
Req. # _____ PO # _____

Vendor \_\_\_\_\_

Vendor Number \_\_\_\_\_

BSU Department Name \_\_\_\_\_

Dept. Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

End User \_\_\_\_\_ Phone. \_\_\_\_\_

Delivery Bldg./Room \_\_\_\_\_

Delivery Date Requested \_\_\_\_\_

<b>RUSH REQUEST</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, reason _____ _____
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**APPROVAL SIGNATURES**

0-\$5,000 • REQUESTER SIGNATURE \_\_\_\_\_ *Date* \_\_\_\_\_

Print Name \_\_\_\_\_

\$5,000-\$25,000 • DEPT. MANAGER SIGNATURE \_\_\_\_\_ *Date* \_\_\_\_\_

Print Name \_\_\_\_\_

\$25,000 + • DEAN or DEPT. HEAD SIGNATURE \_\_\_\_\_ *Date* \_\_\_\_\_

Print Name \_\_\_\_\_

PRINCIPAL INVESTIGATOR SIGNATURE \_\_\_\_\_ *Date* \_\_\_\_\_  
 (Required if Grant Funds Used)

Print Name \_\_\_\_\_

KEY	Quantity	UOM	Short Description	Price	Total
	Description or List of Attachments				
	Department ID	Account Code	Project/Grant		
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					

Additional Suggested Vendors and Phone & Fax Numbers

1. \_\_\_\_\_

2. \_\_\_\_\_

TOTAL \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_