

# ST. THOMAS UNIVERSITY

## PURCHASE ORDER REQUEST

FOR INTERNAL USE ONLY  
NOT AUTHORIZED FOR PURCHASING



*"Developing Leaders For Life"*

**REQ. #**

(For AP Department use only)

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

Purchase Order No. \_\_\_\_\_

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

Voucher Date \_\_\_\_\_

2003-06-27

**ORIGINAL DATE:**

Vendor Name _____		
Address _____		
City _____	State _____	Zipcode _____
(Area Code) Phone Number _____	CONTACT PERSON _____	

This order must be filled within:

- 7 days       14 days  
 21 days      30 days

OTHER SPECIAL HANDLING REQUIREMENTS

Have competitive bids been obtained for this purchase  
And is documentation available?     Yes     No

If this item was not approved as part of your original budget,  
please attach justification for this purchase request.

**THIS SECTION MUST BE COMPLETED**

GEN. LEDGER ACCOUNT		DESCRIPTION and Vendor Item #	Qty	Price	Total Cost
Item Line	Dept. Code				
<b>Total</b>					

Dept. Manager Approval: \_\_\_\_\_ Purchasing Office Approval: \_\_\_\_\_

Dept. Head signature(if required): \_\_\_\_\_ Budget Office Approval: \_\_\_\_\_