



University of Richmond Purchase Requisition

Authorized Signature (Party responsible for payment)

Authorized Signature (If applicable, Grants Accounting)

Authorized Signature (If applicable, Information Services)

Requesting Date Dept. Contact

Index/Account

Vendor Information

Vendor Federal ID Number

Vendor Name

Address

Address

City State Zip

Attention (Vendor Rep)

Telephone Fax

Delivery/Scheduling

Date Required

Department (Delivery Destination) Room and Building

End User Name (if applicable)

Delivery Instructions:

Description	Quantity	Unit Price	Total

Shipping

Receiving Copy

Total

Vendor Copy

Payment Copy