

Organization:

PURCHASE REQUISITION

Requisition #:

Phone #:

Date:

Ship To:		Mississippi 200 S. Cap Clinton, MS Attn:	itiol St.		Source:	ed:				
ITEM		СОМ	MODITY DESCRIPTION		QUAI	NTITY	U/M	UNIT PRIC	E	EXTENDED
TOTAL										
DELIVER TO:					FOR PURCHASING OFFICE USE ONLY					
Name:				Purchase Order No.:						
Building:				Issued To:						
Room No.:										
Special Instructions:										
In makin	ng this requisiti	ion, I certify	to the best of m	y knowledge that	my budget l	has un	encumb	ered funds	to cove	er this purchase.
Accoun		, ,			,		-			,
		Fund	Organization	Account	Program	_	Activity		Location	
Signed:										
Approve	ed:									