

# INTERDEPARTMENTAL REQUISITION

(Please Print)

DATE:

SUPPLIER  
NAME:

PTAO:

ADDRESS:

INDICATE ONE:

CITY/STATE:

REGULAR ORDER

TEL #:

PHONE CALL

FAX #:

Quantity	Catalog #	Description of Item	Unit Cost	Total Cost
<b>TOTAL AMOUNT</b>				

REQUESTED BY:

Search for a DMBE-Certified Minority or Woman Vendor  
Search for Purchasing Contracts

AUTHORIZED BY: \_\_\_\_\_

- Contract Vendor Used
- DMBE Minority or Woman Vendor Used
- No DMBE Minority or Woman Vendor avail.
- DMBE Minority or Woman Quote on file