

P-REQ	#
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Please e-mail completed form to [PREQ@USFCA.EDU](mailto:PREQ@USFCA.EDU)

P-REQ DATE: \_\_\_\_\_ / DATE NEEDED \_\_\_\_\_

REQUESTING DEPT	REQUESTOR	SUGGESTED VENDOR
	Contact : _____	
<b>CAMPUS DELIVERY LOCATION</b>	E-mail: _____	
	Phone: _____	<b>VENDOR CONTACT</b>
	<b>FOAP</b>	

QTY	UOM	CATALOG#	DESCRIPTION	UNIT PRICE	AMOUNT

<b>ATTACHMENTS ENCLOSED</b>	TOTAL
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SPECIAL INSTRUCTIONS FROM DEPT	PURCHASE ORDER DELIVERY
	Mail to Vendor E-mail to : _____ Fax to : _____ Phone order : _____ WILL CALL:     Return to department Hold for pick-up
___ Paper    ___ PDF copy of purchase order to department	
SPECIAL APPROVALS (if necessary)	Please refer to <a href="http://myusf.usfca.edu/sites/default/files/Buying_Guide.pdf">myusf.usfca.edu/sites/default/files/Buying_Guide.pdf</a> for a list of restricted commodities and special approvals

SIGNATURES	Name	E-mail	Signature
Budget Approval			
VP / Provost Approval			
Additional Approval			

