

PURCHASE REQUISITION**Header Information:**

Fiscal Year: _____

Date Prepared: _____ Campus Box: _____

Preparer Name: _____

Preparer Phone No.: _____ Preparer E-mail Address: _____

Business Owner Name: _____

Business Owner Phone No.: _____ Business Owner E-mail Address : _____

(For Purchasing Use Only)

AIS Purchase Order #: _____ Buyer: _____

INS**IRS****VC****[PURCHASE REQUISITION MANUAL](#)****[PURCHASING GUIDELINES](#)****Distributions Information:**

Account to be charged: *

Budget Purpose # : _____ Delivery Site (bldg name & room no). If multiple delivery sites, _____
(*If multiple budget purpose numbers, go to page 4) indicate in Notes to Buyer section:**Supplier Information:**Is the Supplier, Supplier's owner/major officer, or member of their family an employee of any SIU campus? **Yes** **No**Is this supplier a US based/branched entity, US Citizen Or Permanent Resident?: **Yes** **No**If applicable, Supplier Insurance on file? : [Link to Insurance excel file](#) **Yes** **No** **N/A**

Supplier Name and Address AIS Vendor Name / TIN Search AIS Search Instructions *LEAVE THIS FIELD BLANK*	Name:	AIS Supplier Number:
	DBA:	TIN:
	Address:	P.O. Box No:
	City:	State: Zip:
Supplier Contact Person:	Name: E-mail:	
	Phone: Fax:	

Transaction Information:

Requesting Department: _____ Acquisition Type: _____ Previous P.O.: _____

Will this supplier handle personal information regarding students/faculty/staff outside of SIU systems? : **Yes** ([Third Party Service Provider](#)) **No**Does this transaction involve the purchase/licensing of computer software and/or web based applications?: **Yes** **No** [Risk Assessment Form SPRA](#)If applicable, is new furniture valued at \$1,500 or more per item being purchased?: **Yes** **No** **N/A**If applicable, included contract/terms and conditions requires legal review? : **Yes** **No** **N/A** [Contracts Website](#)Coverage Term: **Multi-Year** **Annual or Less** _____ to _____ **No Term** Deliverables Due Date: _____

Total Requisition Cost:

Self-Calculates from price extension fields on pg 2-3

PURCHASE REQUISITION**Lines Information:**

Line Item	Qty.	Unit of Measure	Brief Description (192 Characters)	Unit Price	Price Extension

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More Line Item Boxes on Page 3

If more line item boxes than those provided on page 2 & 3 would be required to finish the total line item listing, please write "SEE ATTACHED QUOTE" in the first line item box and attach the quote to the purchase requisition.

Special Notes:

If Equipment, Capitalize to: (AIS "Unit") _____

Trade-in Allowance Total: _____

If adding to existing asset, enter tag no.: _____

Trade-in Tag No.(s) _____

Notes to buyer or attach:

By completion of this form, the requesting department affirms that all terms of the transaction are accurate and acceptable, including, but not limited to, scope of work, pricing, dates, payment requirements, and confidentiality requirements. The requesting department affirms that no contract should be executed until it has been reviewed and approved in advance by other campus units that are impacted by the terms and conditions and/or obligations of the contract and any relevant subject matter experts (e.g., ITS, Export Control, Risk Management, etc.).

Name of Fiscal Officer (Typed) _____

Fiscal Officer Campus Box _____

Approvals:

Account Fiscal Officer _____ Date _____

Facilities Management / Environmental Health and Safety _____ Date _____

(Special Approvals, where applicable) _____ Date _____

Office of Research & Projects (Grants) _____ Date _____

Vice Chancellor / Provost _____ Date _____

SIUE Chancellor _____ Date _____

Purchasing _____ Date _____

SIU President _____ Date _____

PLEASE SUBMIT ALL DOCUMENTATION TO PURCHASING@SIUE.EDU ONCE ALL APPLICABLE SIGNATURES/DOCUMENTS ARE GATHERED. ONLY SEND DOCUMENTATION THROUGH CAMPUS MAIL IF NO OTHER OPTIONS ARE AVAILABLE.

PURCHASE REQUISITION

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Green Box = Default (\$0.00), Total Cost Matched During Input
Red Box = Total Cost Not Matching

[illegible]