Vendor Number

Name

Address

City State Zip

Phone: Fax:

Rt. 2 Box 105
8th & Georgia
Southland, Texas 79364

No.

PURCHASE REQUISTION

Department/Organization:

D A T E

Requested:

Required:

Special Instructions:

Purchase Order

No. Date:

I tem No.	Fund	Func-tion	Object	Sub Obj	Org.	Yr	Prog. Int.			Quantity	Description and Part of Catalog Number	Unit Price	Extended Amount
												Total	

Prepared by: Date:	Approved by: Date:	Authorized For Purchase Order Date: