University of Notre Dame
Department of Aerospace and Mechanical Engineering
REQUISITION REQUEST

DATE: _____

REQUESTED BY: _____ Phone: _____

Vendor Name: _____ Vendor Phone: _____

Vendor Address: _____ Vendor Fax: _____

_____

Quantity	Item/Catalog #	Item Description (Complete Specifications)	Chem/Bio Hazard	Unit Price	Total Price
			No		$ 0.00
			No		$ 0.00
			No		$ 0.00
			No		$ 0.00
			No		$ 0.00
			No		$ 0.00
			No		$ 0.00
			No		$ 0.00
			No		$ 0.00
			No		$ 0.00
			No		$ 0.00
			No		$ 0.00
			No		$ 0.00
			No		$ 0.00
			No		$ 0.00
			No		$ 0.00
			No		$ 0.00
			No	**ORDER TOTAL:**	$ 0.00

Deliver to (Name/Building/Room #): _____

Account No: _____ Account Name: _____

Purchase Requisitions over $10,000 must also complete Supplier Selection Form