OREGON STATE UNIVERSITY
PURCHASE REQUISITION

RESET FORM

		BANNER PO #:	
REQUISITION DATE:		**DATE REQUIRED:**	
PROPOSED VENDOR INFORMATION:		**DEPARTMENT INFORMATION:**	
COMPANY:		**DEPARTMENT:**	
ADDRESS:		**CONTACT NAME:**	
CITY, STATE ZIP:		**TELEPHONE:**	
CONTACT NAME:		**FIS APPROVER:**	
TELEPHONE:		**TELEPHONE:**	
VENDOR CODE:	**BUYER CODE:**	**ORG CODE:**	**SHIP TO CODE:**

ITEM NO.	CATALOG OR MODEL NO. & DETAILED DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
				TOTAL	$0.00

INDEX / FUND	ACCOUNT CODE	ACTIVITY	AMOUNT

SPECIAL INSTRUCTIONS:

DEPARTMENT APPROVAL (Required if BC does not check option in BC approval)**:**

NAME/TITLE:

SIGNATURE:

BUSINESS CENTER APPROVAL: Required for purchases subject to BOLI PWR at any dollar level and for other purchases of goods and services at or above $25,000

Business Center confirms that (check one - If not, department signature is required):

☐ Business Center has documentation of department approval on file **OR**

☐ Business Center has delegated budget authority to approve this purchase

NAME/TITLE:

SIGNATURE:

DEAN OR VICE PROVOST APPROVAL: Required for purchases above $100,000

NAME/TITLE:

SIGNATURE: