AUSTIN PEAY STATE UNIVERSITY

PURCHASE REQUISITION

PAGE _____ OF _____

REQUESTED BY		DATE	FOAP NUMBER(S)		AMOUNT	Complete Vendor Name, Address and Zip Code
APPROVED		DATE			-	
Department Head APPROVED		DATE				
APPROVED		DATE	DEPT and PO Box	PHONE		
APPROVED		DATE	BLDG	ROOM		Vendor Phone Number:
Date Items Needed by:			ATTENTION OF			Vendor Fax Number:

LINE NO.	QUANITIY	UNIT	PLEASE GIVE FULL DESCRIPTION AND COMPLETE SPECIFICTIONS	UNIT PRICE	TOTAL PRI CE