

# PURCHASE REQUISITION FORM



TRANSACTION	
PO NUMBER	DATE

PEOPLESFT CHARTFIELDS								
Account	Fund	DeptID	Program	Class	Proj/Grt	BdgtPd	Amount	Budget Check

VENDOR INFORMATION				
Quote No.	State Contract No.	Federal ID	Purchasing Contact	Phone

<b>VENDOR:</b>	
Remit To: <input type="checkbox"/>	
Address:	
City/State:	
Zip Code:	

<b>BILL TO:</b>	The College of New Jersey
<b>DEPT:</b>	
<b>ATTN:</b>	
	P.O. Box 7718
	Ewing, NJ 08628-0718

<b>**Attachments:</b>	
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BOARD WAIVER INFORMATION	
NUMBER	DATE

<b>SHIP TO:</b>	The College of New Jersey
<b>DEPT:</b>	
<b>ATTN:</b>	
	2000 Pennington Road
	Ewing, NJ 08628

PRODUCT/SERVICES INFORMATION					
VENDOR ITEM #	QUANTITY	DESCRIPTION	UNIT OF MEASURE	PRICE	AMOUNT
				<b>TOTAL</b>	

<b>Dept. Approval:</b> Your signature below indicates the authority to reserve funds and request that a purchase order is generated against the chartfields indicated above.			
<b>Print Name:</b>		<b>Date:</b>	
<b>Authorized Signature:</b>			

<b>Grants &amp; Sponsored Research Approval:</b> Signature is required by the OAGSR for all purchases from Grants, Contracts & Enterprise Programs. Signature below indicates the authority to approve to reserve funds and request that a purchase is generated against the chartfields indicated above.			
<b>Print Name:</b>		<b>Date:</b>	
<b>Authorized Signature:</b>			