



PURCHASE ORDER INFORMATION

Department:	
G/L Account #:	Project #:
Requested By:	Date:

SOLE SOURCE YES NO *IF YES, A SOLE SOURCE JUSTIFICATION FORM MUST BE ATTACHED

Cooperative Agreement YES NO *IF YES, NO SOLE SOURCE FORM REQUIRED

Purchases of more than \$5,000 up to \$25,000

Requires at least 3 verbal, written, or internet quotes. Please use space below for justification.

Purchases of more than \$25,000 but less than \$100,000

Requires at least 3 written quotes. Please attach written quotes to this form.

PLEASE LIST ALL ITEMS TO BE INCLUDED IN THE QUOTE

Item No.	Quantity	Description
1		
2		
3		
4		
5		

VENDOR QUOTES

	Vendor:						
	Contact Name:						
	Phone:						
	Fax:						
	Email:						
Item No.	Quantity	Unit Price	Total Cost	Unit Price	Total Cost	Unit Price	Total Cost
1							
2							
3							
4							
5							
		Grand Total		Grand Total		Grand Total	

LIST VENDOR SELECTION BELOW

Vendor Selected	Vendor #	Total Cost	Comments

Department Director Approval _____ Date _____