Higher Education Consortium of Metropolitan St. Louis

# PURCHASE REQUISTION FORM

| | | | |
|---|---|---|---|
| DEPARTMENT/PROGRAM: | | ACCOUNT(S) TO CHARGE: | *(INCLUDE % AMOUNT IF CHARGED TO DIFFERENT ACCOUNTS)* |
| ACCOUNTS CON'T | | | |
| CONTACT: | | ☐ VENDOR REQUIRES PAYMENT WITH ORDER | |
| DATE: | | | |

| | |
|---|---|
| Vendor: | Ship To: |
| Address: | Address: |
| Address: | Address: |
| Contact: | Phone: E-Mail |
| Phone #: | Approval: *,Department Director* |
| Email: | Approval: *,HEC Designee* |

Purpose:

| QTY. | ITEM NAME & DESCRIPTION (Include order #, name, model, and any other identifying information, delivery instructions, etc.) | COST | UNIT | AMOUNT |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Subtotal | |
| | | | Shipping | |
| | | | **TOTAL** | |

**Please submit all supporting documentation to process request**

Approver's signature certifies that the activity or item supports the program and is in compliance with HEC policies and procedures and funding agency rules and regulations.

**BUSINESS & ADMINISTRATION OFFICE USE ONLY**

Date Received:____________ Date Processed:

HEC\HR - FORM 1.27