PURCHASING REQUISTION

LOYOLA UNIVERSITY CHICAGO

Purchasing Department
820 N Michigan Ave, Suite 700, Chicago, IL 60611
Phone (312)915-8780

Suggested Vendor Name	*Address: City, State, Zip*	*Vendor Phone #*	*Vendor Fax #*

Accounting Unit	*Account*	*Activity*	*Account Category*	*Department Name*	*Campus*

Contact Phone #	*Delivery Date*	*Requested by*	*Building*	*Room #*

Qty	UOM	Catalog #	Description	Unit Price	Total	Check if received
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐

Subtotal	$ 0.00
Shipping	
Total	$ 0.00

If this requisition is for any of the following, secure initials of safety officer. The safety officer should then e-mail the form to you.

☐ Animals? ☐ Biohazardous Materials? ☐ Radioactive Materials?

If so, secure the initials of the appropriate safety officer

Requisitioner Comments: Indicate any quote, shipping, delivery instructions, etc, that we should know about.

If this requisition requires additional approvals, select the appropriate button to forward this requisition via email. Approvers should email the completed form to Purchasing by clicking the "To: Purchasing" button. If grant-funded, send to SPA for approval via the "To: Sponsored Programs" button.

Budget Administrator Approval _____ Date: _____ To: Budget Administrator

Secondary Approval _____ Date: _____ To: Secondary Approval

Secondary Approval is REQUIRED on all Requests in excess of $5,000

SPA Approval _____ Date: _____ To: Sponsored Programs

Email this form to Purchasing. Faxed or Mailed forms will not be accepted.

This form will be returned to you with a PR# assigned. Use the assigned number in all correspondence regarding this order. To: Purchasing

Do Not Enter Information Below Red Line

Purchasing Department

PR# Assigned: Entry Date: PO# Assigned: Buyer Initials:

pr20008x11