The University of Texas at El Paso

PURCHASE REQUISITION

	No.						
Page	of Pages Date: To:	Department: Cost Center/Project ID #: Budget Account #:					
	You are hereby requested to procure/provide the following:						
ITEM NO.	DESCRIPTION		QUANT	UNIT	UNIT PRICE	AMT.	
				•	TOTAL		
This m	naterial is needed for:	Suggested So	Suggested Source:				
The al	pove items should be delivered to:	Not later that	Not later than:				
If eme	ergency purchase, state why:						
	ated By: Phone:						
Appro							
Dean:	Procure	ed on P.O. No.					
	acts and Grants:	Signed:					

Buyer