



**PURCHASE REQUISITION FORM**

DOCUMENT REFERENCE NUMBER

ER

**DELIVERY ADDRESS**

DEPARTMENT OR OFFICE

NAME / TITLE OF CONTACT PERSON | PHONE # | FAX #

STREET ADDRESS / BUILDING AND ROOM NUMBER | LOCATOR CODE

ACCOUNT NUMBER | SUB-OBJECT CODE | ACCOUNT TITLE

**INTEROFFICE MAILING ADDRESS**

(IF DIFFERENT FROM DELIVERY ADDRESS)

DEPARTMENT OR OFFICE

NAME / TITLE OF CONTACT PERSON

BUILDING AND ROOM NUMBER | LOCATOR CODE

VENDOR | BUYER

SUGGESTED SOURCE OF SUPPLY:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
DESCRIPTION SOURCE (i.e., catalogue):  
\_\_\_\_\_  
\_\_\_\_\_

CONFIRMATION PURCHASE ORDER #  
ORDER FROM:

DEPT. PRICE  ESTIMATE  QUOTE  
DEPT. REQUIRED DATE

**THIS IS NOT A PURCHASE ORDER**

DATE | DATE REQUIRED | TERMS | VIA | F.O.B. | % CASH DISCOUNT

ITEM No.	CATALOGUE NUMBER	DESCRIPTION	QUANTITY		UNIT PRICE	AMOUNT	REMARKS
			No.	UNIT			

**THIS IS SELF-MAILING FORM**

TOTAL

**Important:** There must be two separate and distinct signatures on this requisition other than the one from the Budget or Sponsored Programs offices. Normally this will be the signature of the preparer and the authorized signer. The signatures required are based on the following levels: (1) up to \$9,999 - the Chairman or authorized signor (2) \$10,000 to \$24,999 - the appropriate Dean or designee (3) \$25,000 and above - the appropriate Vice President or designee.

PREPARER (Signature Required) | DEAN / V.P. (If Required) | PURCHASING

APPROVED BY (Authorized Signature (Typed or Printed)) | BUDGET OFFICE/ SPONSORED PROGRAMS

DEPT. (Authorized Signature) | DATE (Month / Day / Year)

Additional forms can be obtained from MATERIALS MANAGEMENT FORM # TBA REV. 11/2002

# INTEROFFICE MAIL USE ONLY



CHECK APPROPRIATE BOX

**TO:**




**CORAL GABLES CAMPUS**  
SPONSORED PROGRAMS  
AND EXPENDITURE CONTROL  
  
209 MAX OROVITZ BLDG.  
  
LOCATOR CODE  
1424

**MEDICAL CAMPUS**  
EXPENDITURE CONTROL OFFICE  
  
SEWELL BUILDING  
ROOM 1015  
  
LOCATOR CODE  
D2-2

**RSMAS CAMPUS**  
BUSINESS OFFICE  
4600 RICKENBACKER CAUSEWAY  
SLAB BUILDING ROOM 110  
  
LOCATOR CODE

FOLD  
HERE

**INSTRUCTIONS:**

- MAIL TO THE APPROPRIATE BUDGET OFFICE MAILING ADDRESS ABOVE IF ANY ACCOUNT TO BE CHARGED MEETS ANY OF THE CRITERIA IN THE ADJACENT "BUDGET OFFICE ROUTING" BLOCK. IF NOT, MAIL TO THE APPROPRIATE PURCHASING ADDRESS BELOW. FOLD OVER AND STAPLE SHOWING APPROPRIATE MAILING ADDRESS.
- TYPE OR PRINT CLEARLY.
- DO NOT FILL IN SHADED AREAS.
- USE SEPARATE REQUISITION FOR EACH SUGGESTED SOURCE OF SUPPLY.
- ON PURCHASE REQUISITIONS CONTAINING TWENTY OR MORE LINE ITEMS, ENTER "PER ATTACHED LIST" UNDER DESCRIPTION COLUMN AND SUBMIT FOUR (4) TYPED COPIES OF LISTING FOR ATTACHMENT TO PURCHASE ORDER.
- ACCOUNT TO BE CHARGED: ENTER ON FACE OF REQUISITION IF ALL ITEMS ARE TO BE CHARGED TO ONE ACCOUNT. IF ITEMS ARE TO BE CHARGED TO TWO OR MORE ACCOUNTS, SHOW DISTRIBUTION BELOW. USE PERCENTAGES IF DOLLAR AMOUNT IS NOT KNOWN.

**ACCOUNTS TO BE CHARGED**

ACCOUNT TITLE	ACCOUNT # / SUB OBJECT CODE	PERCENT	AMOUNT
TOTAL:			

**BUDGET OFFICE  
ROUTING**

- 1. Coral Gables & South Campus**  
To Sponsored Programs: All Coral Gables and South Campus Sponsored accounts.
- 2. Medical Campus**  
All Medical School accounts including Medical Plant accounts
- 3. RSMAS Campus**  
To Business Office  
All accounts including Sponsored Program accounts
- 4. Plant Accounts (All)**  
Route to authorized signature.

FOLD  
HERE

FOLD  
HERE

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**TO:**





**CORAL GABLES CAMPUS**  
PURCHASING DEPARTMENT  
MAX OROVITZ BUILDING  
ROOM 305  
1507 LEVANTE AVE.  
  
LOCATOR CODE  
1433

**MEDICAL CAMPUS**  
PURCHASING DEPARTMENT  
JACKSON PARK PLAZA WEST  
1600 N.W. 10th AVENUE  
FIRST FLOOR  
  
LOCATOR CODE  
R-31

**RSMAS CAMPUS**  
PURCHASING DEPARTMENT  
SCIENCE ADMINISTRATION BLDG.  
ROOM 132  
VIRGINIA KEY  
  
LOCATOR CODE

**MEDICAL CAMPUS**  
UNIVERSITY OF MIAMI HOSPITAL & CLINICS  
MATERIAL MANAGEMENT DEPARTMENT  
SYLVESTER COMPREHENSIVE CANCER CENTER  
1475 N.W. 12th AVENUE  
  
LOCATOR CODE  
D-1