

University of Arkansas
Requisition

Requisition No: _____

Department: _____

Suggested Vendors	Check for Bid Request:
1.	
2. Second Vendor's name (then down arrow). Only one supplier.drc	
(Attach list of additional sources if needed)	

Company/Center Number

Company Department Function Project

Center Name

Estimated Cost: \$00.00

Leave Blank (Purchasing Use Only)		
B. O. D.	_____	
B. N.	_____	
Accounting Approval	_____	_____
	Initials	Date
Ex. Code	_____	P. O. Code _____
Purchasing Approval	_____	_____
	Initials	Date

SHIP TO: University of Arkansas MicroEP Attn: 731 W Dickson, Mailstop 107 Fayetteville, AR 72701 (479) 575-3175

Item No.	Description	Quantity	Unit	Unit Price	Total

Date: _____ Requested by: _____ Phone: (479) 575- _____ Approved by: _____