

LOUISIANA TECH UNIVERSITY

PURCHASE REQUISITION

TYPE

DATE

DEPARTMENT CHARGE CODE			
VENDOR OR PAYEE - NAME AND ADDRESS	DEPARTMENT NAME	CONTACT PERSON	PHONE

VENDOR OR PAYEE - NAME AND ADDRESS	OFFICE USE ONLY								
	AMOUNT OF DEPT. CHARGE	ADJUST TYPE	ADJUSTMENT AMOUNT	USE TAX	CHECK AMOUNT				
	COM. CODE	SC	SOLE SRCE	MINORITY	EMERGENCY	INVTY.	ESTIMATE	BID NUM.	OPEN DATE

ITEM NO.	INVOICE DATE	INVOICE NUMBER	ITEMIZE AS INVOICED OR COMPLETE SPECIFICATIONS	QUANTITY	PRICE	AMOUNT

APPROVED BY _____ DEAN APPROVED _____ PURCHASING OFFICER

APPROVED BY _____ HEAD OF DEPARTMENT FUNDS AVAILABLE _____ COMPTROLLER

PURCHASING