How to use fill-in PDF E-Forms

Please reset the form after you have printed it!

GEORGIA SOUTHWESTERN STATE UNIVERSITY

DEPARTMENTAL PURCHASE REQUEST

TO: **Purchasing Office**

DATE: 06/04/04

FROM:

DATE NEEDED:

DEPARTMENT:

DEPARTMENT REQUEST NUMBER:

EXTENSION:

ITEM NO.	QUANTITY	UNIT	DESCRIPTION OF ITEMS (include Manufacturer's No., etc.) (Do Not Abbreviate)	UNIT PRICE	NET TOTAL

IF PRICES ARE NOT AVAILABLE, MAKE A REASONABLE ESTIMATE. **SHIPPING & HANDLING**

ESTIMATED TOTAL COST $

DELIVERY SHOULD BE MADE TO:

BUILDING ROOM

BEST TIME TO DELIVER

VENDOR NAME & ADDRESS:

TELEPHONE:

FAX:

Account	Fund	Dept ID	Prgm	Class	Grant

SPECIFIC ACCOUNT CODE NUMBERS MUST BE SHOWN

BUDGET CHAIRMAN / DEAN

Reset Print