

# GEORGIA SOUTHWESTERN STATE UNIVERSITY

## DEPARTMENTAL PURCHASE REQUEST

TO: **Purchasing Office**

DATE:

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
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**SPECIFIC ACCOUNT CODE NUMBERS MUST BE SHOWN**

BUDGET CHAIRMAN / DEAN