

Purchase Order No. \_\_\_\_\_

## PURCHASE REQUISITION BACKCHARGE

### Procedure 902.2 – Supplement 1

Date \_\_\_\_\_ Budget Code \_\_\_\_\_  
Vendor \_\_\_\_\_  
Department \_\_\_\_\_  
Address \_\_\_\_\_  
Originator \_\_\_\_\_  
City \_\_\_\_\_  
Dept. Head \_\_\_\_\_  
Deliver to \_\_\_\_\_  
Division Head \_\_\_\_\_  
President \_\_\_\_\_  
Dean \_\_\_\_\_

Services \_\_\_\_\_  
Supplies \_\_\_\_\_ Check one  
Equipment \_\_\_\_\_

Qty.	Catalog Number	Description	Unit Price	Amount
. _____	. _____	. _____	\$ _____	\$ _____
. _____	. _____	. _____	\$ _____	\$ _____
. _____	. _____	. _____	\$ _____	\$ _____
. _____	. _____	. _____	\$ _____	\$ _____
. _____	. _____	. _____	\$ _____	\$ _____
. _____	. _____	. _____	\$ _____	\$ _____
. _____	. _____	. _____	\$ _____	\$ _____
. _____	. _____	. _____	\$ _____	\$ _____

Budget Restrictions \_\_\_\_\_

For Purchasing Department Use Only

\_\_\_ Confirmation Quotation \_\_\_\_\_  
\_\_\_ Purchase Order Bid No. \_\_\_\_\_

DIRECTOR OF BUSINESS SERVICES

\_\_\_ Phone Order

Purchasing Department

WHITE-Purchasing Department

YELLOW-Department Head

PINK-Originator