Tulane

Requisition Continuation Form

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LINE___ Type: _____ Category: _____

Item Description:

Vendor: _____

Vendor Site: _____

Vendor Item No: _____

UOM: _____ Quantity: _____ Unit Price: _____ Line $ Total: _____

Need By Date: _____ Urgent: ___Yes ___No

Note to: ___Buyer ___Supplier ___Receiving ___Approver

Hazard Class (if known): _____

Distributions:

General Ledger

No.	Quantity	Account	Nat Acct	Dept Use		No.	Quantity	Account	Nat Acct	Dept Use
1.						7.				
2.						8.				
3.						9.				
4.						10.				
5.						11.				
6.						12.				

Grants Management

No.	Quantity	Project	Task	Award	Exp Type	Exp Org	Date
1.							
2.							
3.							
4.							
5.							