

Tulane

Requisition Form

Date: _____
 Preparer: _____
 Requester: _____

Department: _____
 Building/Rm No: _____
 Ship-to Address: _____
 Attn: _____

LINE 1 Type: _____ Category: _____

Item Description:

Vendor: _____
 Vendor Address: _____
 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.						5.				
2.						6.				
3.						7.				
4.						8.				

Grants Management								Exp
No.	Quantity	Project	Task	Award	Exp Type	Exp Org		Date
1.								
2.								
3.								
4.								
5.								
6.								
7.								

Signatures:

 P.I./Dept Head/Dean/Director Rsrch Adm/TMC Financial Svcs Additional Approvals

To add lines, use the Requisitions Continuation Form