ORDER NO. _____   DEPT NO. _____

VENDOR NO. _____   REQ.NO. _____

PURCHASE ORDER REQUISITION
ADELPHI UNIVERSITY

Suggested Source of Supply: Date:

Vendor Name:			Ship to: Adelphi Univ/Your Name:
Location Address:			Building/Room/Dept.:
City	State	Zip	Location Address:
Phone #:	**Fax #** **must be provided if po is being faxed.**		**Check One:** **Purchase Order should be:**
Account No.	Delivery Required		**Mailed _____ Faxed _____ or** **Do Not Send to Vendor (DNSTV)_____**

Instructions: Type, print or write clearly. Send original (BLUE) to
Purchasing Dept. and retain duplicate (WHITE) for your files.

Quantity	Description	Unit Price	Total

Authorized Signature: Extension:

_____

Comments and/or Instructions: