

# FGCU REQUISITION TO PURCHASE

DATE:

Provide Index OR Fund AND Organization	INDEX	ORGANIZATION	FUND		
		Grant end date:	/ None		
Initiated By/Phone No.	Type/Print Authorized Signor Name	Authorized Signature			
<b>Departmental Ship To Code:</b>  Attn:  If code above is 04 provide delivery address below:		<b>Suggested Vendor Name/Address:</b>  Attn: Phone Number: Fax Number: FEIN/Social Security Number: Banner ID Number:			
ITEM NO.	DESCRIPTION	ACCOUNT CODE	QUANTITY/UNIT	UNIT PRICE	EXTENDED TOTAL
	Commodity Code:			\$	\$
	Commodity Code:			\$	\$
	Commodity Code:			\$	\$
	Commodity Code:			\$	\$
				TOTAL	\$
<b>(BELOW THIS LINE FOR PURCHASING USE ONLY)</b>					
R/S	TERMS	FOB	Standard Statements		
Delivery Date		Buyer Code	P.O. Number	Purchasing Agent Signature	