REQUISITION

Complete name and address of suggested vendors:

1. P. O. No.
P.O. Date
To Be Shipped on or before
Terms
F.O.B. Point

4. Voucher No.
5. Voucher Date
6. Appropriation Account Code Number
7. Invoice Number
8. Invoice Date
9. IRS 1099 Reporting ☐ Yes ☐ No

F. E. P. C. No. is

10. Give Complete Description of Articles or Services Rendered	11. Qty.	12. Units	13. Unit Price	14. Amount

18. Exp. Obj.	19. Exp. Amount		21. Req.	22. Obligation No.	23. F|P	24. Payment Amount		15. **Subtotal ($)**	
								16. Discount Deduction	
20. Total Exp.			**25. Total Payment Amount** ⟶					**17. Total Amount ($)**	

Transaction Code	FY	Transaction Date	Vendor I.D. Number	Reference Document Number
Appropriation Account Code			Obligation Number	Transaction Amount

Compute Total

For Dept. use only

Dept. : Dept. No. : Date:

Deliver To: Date Needed:

Call : Phone:

For additional information

Fiscal Agent: