



**AUGUSTA**  
UNIVERSITY

## FACILITIES REQUISITION FORM

Department:

Contact Person:

Telephone Number:

CFC:

Project/Work Order #  
(if Applicable):

Delivery Location:

Emergency Purchase

Reason for Emergency:

### VENDOR INFORMATION

VENDOR NAME:

New Vendor Yes No

If new Vendor please submit W-9

### PURCHASES

Item #	Description (Part #, Type, Make, Model)	Quantity	Unit	Unit Cost	Total Unit Cost
				TOTAL	

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DEPARTMENT WILL PICK UP

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VENDOR WILL DELIVER

COMMENTS/SPECIAL INSTRUCTIONS:

### SIGNATURES

DEPARTMENT REQUESTOR

DATE:

DEPARTMENT APPROVAL

DATE:

FOR FACILITIES MANAGEMENT OFFICE USE ONLY

REQUISITION NUMBER:

PURCHASE ORDER NUMBER: