



**OFFICE DEPOT**  
**Office of Administrative Services**  
**Requisition Request Form**

(Wait 5-10s)

**R** \_\_\_\_\_ - \_\_\_\_\_

Fiscal Year	Vendor ID #	Vendor Name			Date Required
Deliver To		Room #	Return Copy of Requisition To		
Seq	Item #	Order Number(s):	Qty	Unit Price	Extended Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Comments				Subtotal	
				Tax	
				Shipping	
				Total Cost	
				FOAP to be Charged	
-					
FUND	ORG	ACCOUNT	PROGRAM		
-					
FUND	ORG	ACCOUNT	PROGRAM		
-					

Requestor (print name) \_\_\_\_\_ Date \_\_\_\_\_ Dean (signature) \_\_\_\_\_ Date \_\_\_\_\_

Coordinator/Manager (signature) \_\_\_\_\_ Date \_\_\_\_\_ Vice President (signature) \_\_\_\_\_ Date \_\_\_\_\_

OFFICE OF ADMINISTRATIVE SERVICES USE ONLY		
Reviewed: _____ <i>Administrative Services</i>	Verified: _____ <i>Administrative Services Officer</i>	Approved: _____ <i>VP, Administrative Services</i>
PO Number: _____	Budget Transfer #: _____	Entered: _____
<i>TR 4/6/20</i>		