

# PURCHASE REQUISITION

**FOR INTERNAL USE ONLY - DO NOT SEND TO SUPPLIER**

MAIL (DTC-411) OR FAX ONE COPY WITH SUPPORTING DOCUMENTS TO: **(905) 572-1015**

**Perishables: (905) 572-1131**

**VENDOR CODE:** \_\_\_\_\_

<b>SUPPLIER (NAME/ADDRESS/PHONE NO.)</b>	<b>CONTACT / SHIP TO INFORMATION</b>		<b>PURCHASE ORDER OR RELEASE NO.</b>	
	CONTACT:	DEPT:	<b>REQUISITION DATE:</b>	
	TELEPHONE:	EXT.:		
	EMAIL:			
	ADDRESS:		DATE REQUIRED: (MM/DD/YY)	
	BUILDING:	ROOM NO.:	MO	DAY
<b>SUPPLIER CONTACT:</b>	FAX NO.:	POSTAL CODE.:		

LINE NO.	QUANTITY	CATALOGUE NO. / DESCRIPTION OF ITEM	ESTIMATED UNIT PRICE	UNIT	ESTIMATED TOTAL
1.					
2.					
3.					
4.					
5.					
6.					

CONFIRMATION ONLY P.O. NUMBER GIVEN TO SUPPLIER <input type="checkbox"/>	<b>*DETAILED END USE MUST BE SPECIFIED*</b>		DIST. OF CHARGES  <input type="checkbox"/> %  <input type="checkbox"/> \$	ACCOUNT NUMBER	AMOUNT
	<input type="checkbox"/> RESEARCH PROJECT/GRANT NAME ---> <input type="checkbox"/> CF1 RESEARCH PROJECT/GRANT NAME ---> <input type="checkbox"/> TEACHING <input type="checkbox"/> OTHER: SPECIFY ----->	NOTE TO SUPPLIER:			
CONFIRMATION GOODS RECEIVED <input type="checkbox"/>	NOTE TO PURCHASING OFFICER:			HST REBATE CATEGORIES: HST Rebate 73.77% HST Input CR 100% HST Rebate Bks 100%	

<b>RESEARCH FINANCE AUTHORIZATION</b> (if applicable)	<b>DEPARTMENT AUTHORIZATION</b>	
	I HEREBY CERTIFY THAT I AM AUTHORIZED TO SIGN ON THE COST CENTRES ABOVE AND ALL THE EXPENDITURES ARE VALID, IN COMPLIANCE WITH THE POLICIES OF THE UNIVERSITY, AND SUFFICIENT FUNDS ARE AVAILABLE TO COVER THIS EXPENDITURE.	
	AUTHORIZING SIGNATURE:	AUTHORIZING SIGNATURE:
SIGNATURE:	PRINT NAME:	PRINT NAME:
PRINT NAME:	<b>ADDITIONAL AUTHORIZATIONS</b>	
DATE:	SIGNATURE:	SIGNATURE:
	PRINT NAME:	PRINT NAME: