



PURCHASING REQUISITION

FORM PR-101

FOR SUPPLIES, SERVICES, EQUIPMENT AND
MISCELLANY

Use of this form is required for all requests for purchase except those purchases initiated through Lander's VISA Purchasing Card Program. Purchases contracted in excess of \$500.00 without prior requisition approval (except reimbursements) will not be honored by Procurement Services and will require ratification by the President of Lander University before purchase order/payment is processed. Only the President, the Vice President for Finance & Administration, and the Director of Procurement Services has the authority to sign agreements binding Lander University. Any others signing such agreements may be personally liable for payment.

SECTION 1.

TO: VENDOR/SUGGESTED SOURCE (Name, address, contact info):

- EXISTING VENDOR - L#: _____
- NEW VENDOR
(If new, a Vendor Set-up form and completed W-9 are required)
- EMPLOYEE/STUDENT (reimbursements only! – all other payments to employees or students must be processed through Human Resources)

REQUESTED BY: DEPARTMENT/REQUESTOR

_____ DATE: _____

PHONE: _____ EMAIL: _____

REQUESTING THE FOLLOWING:

- ISSUE A PURCHASE ORDER/SOLICITATION
- AUTHORIZATION TO PAY
- REIMBURSEMENT (must include receipts and be sent to the Business Office)
- REVIEW ATTACHED CONTRACT/AGREEMENT
- GOOD(S), SERVICE(S), STATE CONTRACT # _____
- OTHER: _____

ATTACHMENT(S): QUOTE(S) / INVOICE(S), SCOPE OF WORK (solicitations), TECHNOLOGY (attach Technology approval form), VENDOR CERTIFICATE OF INSURANCE (if providing a service on campus), FOOD SERVICE (attach attendee list and Food Service approval form if not on campus food service provider), OTHER:

SECTION 2. DESCRIPTION OF GOODS/SERVICES

LINE#	DESCRIPTION	QTY	PRICE	EXT COST

Attach additional pages as necessary – Signatures required on the last page only	Subtotal	
	Sales Tax	
	Total	

DELIVERY INSTRUCTIONS/SHIP TO: CENTRAL RECEIVING, OTHER:

RELATED BUSINESS PURPOSE:

SECTION 3. AUTHORIZED SIGNATURES:

By signing this I certify that there are adequate funds in this index(s) to cover this expense.

Name (Print): _____

Signature: _____ Date: _____

Name (Print): _____

Signature: _____ Date: _____

ACCOUNTING

LINE#	INDEX	ACCOUNT

SECTION 4. TO BE COMPLETED BY THE OFFICE OF PROCUREMENT

METHOD OF PROCUREMENT	Signature/Funds verified: <input type="checkbox"/> _____	
	Vendor is not debarred: <input type="checkbox"/> _____	
	PURCHASE ORDER	
	DATE: _____	

RETURNED ON ____ - ____ - ____ FOR: SIGNATURE(S), INDEX/ACCOUNT CORRECTION, PCARD PAYMENT, OTHER: