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 and 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) ☐ 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:

PURCHASE ORDER

DATE:

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