

UNIVERSITY OF HAWAII REQUISITION

CAMPUS _____

DATE ____/____/____

PURCHASE ORDER NO. _____

DELIVER TO: (INCLUDE DEPARTMENT NAME)

ACCOUNT CODE

FEDERAL FUNDS APPLY: YES NO

VENDOR

REQ'NER TEL NO. REQUISITION NO. VENDOR CODE

REQUISITIONER

OTHER VENDORS CONTACTED AND THEIR QUOTATIONS
 1.
 2.
 3.
 4.

DELIVER ON/BEFORE DELIVER PREPAID VIA

F.O.B. POINT IS THE SAME AS DELIVERY POINT UNLESS INDICATED OTHERWISE HEREAFTER

F.O.B.
 CONTRACT/PRICE LIST/QUOTATION NO. DISCOUNT TERMS

| ITEM NO. | QUANTITY | DESCRIPTION—UNIT PRICES ARE E(ESTIMATED) OR F(FIRM) | OBJECT CODE | E/F | UNIT PRICE | AMOUNT |
|----------|----------|---|-------------|-----|------------|--------|
| | | Subtotal: | | | | |
| | | Tax Rate: | | | | |
| | | Tax: | | | | |
| | | Shipping: | | | | |

COMMENTS

TOTAL →

EQUIPMENT TO BE LOCATED: _____ OR INCORPORATED INTO EXISTING EQUIPMENT: _____
 BLDG. _____ RM. _____ DECAL NO. (OR P.O. NO. IF DECAL NOT ISSUED) _____

I CERTIFY THAT THIS PURCHASE SUPPORTS THE UNIVERSITY PROGRAM INDICATED IN THE ACCOUNT CODE BLOCK.

 APPROVING AUTHORITY TYPED NAME TITLE

I CERTIFY THAT SUFFICIENT FUNDS ARE AVAILABLE IN THIS ACCOUNT FOR THIS PURCHASE AND THAT THIS PURCHASE IS IN ACCORDANCE WITH APPLICABLE UNIVERSITY POLICIES AND PROCEDURES.
 TELEPHONE NO. _____
 F.O. CODE NO. _____

 FISCAL OFFICER DATE