

UNIVERSITY OF HAWAII  
FORM INSTRUCTIONS  
REQUISITION

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| <b>PURPOSE:</b>                        | To request expenditure of funds for goods, services or construction by purchase order.   |
| <b>DATA ITEM</b>                       | <b>COMPLETION INSTRUCTIONS</b>   |
|  | <b>All fields must be completed unless noted as optional. Shaded items represent information to be completed by OPPRM. Users are advised to review Administrative Procedures, Section A8.200, Procurement, for more comprehensive explanation of purchasing policies and procedures and for more detailed instructions on the completion of this form.</b> |
| CAMPUS                                 | Enter campus code. Refer to Table A12.099.   |
| DATE                                   | Enter date form prepared.  |
| PURCHASE ORDER NUMBER                  | Enter purchase order or other document number, if known.   |
| DELIVER TO                             | Enter complete address of delivery location.   |
| VENDOR                                 | Enter complete name and order address of vendor.   |
| OTHER VENDORS CONTACTED AND QUOTATIONS | Enter names and quotes from other vendors contacted.   |
| ACCOUNT CODE                           | Enter 6-digit SL account code to be charged.   |
| FEDERAL FUNDS APPLY                    | Check appropriate box.   |
| REQ'NER TEL NO                         | Enter phone number of requisitioner.   |
| REQUISITION NUMBER                     | Enter requisition number.  |
| VENDOR CODE                            | Leave VENDOR CODE blank.   |
| REQUISITIONER                          | Enter name of requisitioner.   |
| DELIVER ON/BEFORE                      | Enter number of days for delivery, e.g., 30 days ARO, or delivery date.  |
| DELIVER PREPAID VIA                    | Enter delivery method.   |
| F.O.B. POINT                           | Enter F.O.B. location if different from DELIVER TO address.  |
| CONTRACT/PRICE LIST/QUOTATION NUMBER   | Enter contract, price list or quotation number. Enter date of quotation and name of person who submitted quote.  |
| DISCOUNT TERMS                         | Enter payment discount terms.  |
| ITEM NUMBER                            | Enter items to be purchased in numerical sequence.   |
| QUANTITY                               | Enter quantity of items to be purchased.   |
| DESCRIPTION                            | Enter description of items to be purchased. Enter exemption statement, if applicable.  |
| OBJECT CODE                            | Enter 4-digit subcode to be charged.   |
| E/F                                    | Enter "E" or "F" for estimated or firm price.  |
| UNIT PRICE                             | Enter unit price per item.   |
| AMOUNT                                 | Enter extended price of item.  |
| TOTAL                                  | Enter sum of all extended prices from AMOUNT column.   |
| COMMENTS                               | Enter summary of dollar totals by object code.   |
| EQUIPMENT TO BE LOCATED                | Enter permanent location of equipment.   |
| INCORPORATED INTO EXISTING EQUIPMENT   | Enter equipment and decal number or PO number of existing equipment.   |
| APPROVING AUTHORITY<br>FISCAL OFFICER  | Signatures and dates are required by the appropriate approving authority (e.g. Principal Investigator, Project Director, Dean, Director, etc.) and Fiscal Officer.   |