Attachment 250.1 CAMPUS ____ REQUISITION **UNIVERSITY OF HAWAII** DATE **PURCHASE ORDER** 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 **DELIVER ON/BEFORE DELIVER PREPAID VIA** 1. F.O.B. POINT IS THE SAME AS DELIVERY POINT UNLESS INDICATED OTHERWISE HEREAFTER 2. 3. F.O.B. CONTRACT/PRICE LIST/QUOTATION NO. DISCOUNT TERMS 4. ITEM **OBJECT QUANTITY** DESCRIPTION-UNIT PRICES ARE E(ESTIMATED) OR F(FIRM) **UNIT PRICE AMOUNT** F CODE NO. COMMENTS **TOTAL**

EQUIPMENT TO BE LOCATED: OF			R INCORPORATED INTO EXISTING EQUIPMENT:			
BLDG.	RM	DI	ECAL NO. (OR P.O. NO. IF	DECAL NOT ISSUED)		
I CERTIFY THAT THIS PURCHASE SUPPORTS THE UNIVERSITY PROGRAM INDICATED IN THE ACCOUNT CODE BLOCK.			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.	
APPROVING AUTHORITY	TYPED NAME	TITLE	FISCAL OFFICER	DATE		

PURPOSE:

To request expenditure of funds for goods, services or construction by purchase order.

DATA ITEM

COMPLETION INSTRUCTIONS

All fields must be completed unless noted as <u>optional</u>. Shaded items represent information to be completed by OPRPM. 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.

CAMPUS Enter campus code.

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 Enter names and quotes from other vendors contacted.

QUOTATIONS

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 Enter contract, price list or quotation number. Enter date of quotation and name of

NUMBER 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, if applicable, or other desired comments.

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
Signatures and dates are required by the appropriate approving authority (e.g. Principal Investigator, Project Director, Dean, Director, etc.) and Fiscal Officer.