

# PURCHASE REQUISITION FORM

Department: \_\_\_\_\_

Prepared By: \_\_\_\_\_

**Account Information**

Account Name	Account Number	Sub Account	Project Code	Object Code
_____	_____	_____	_____	_____

**Business Purpose**

**Vendor Information**

Vendor Name: \_\_\_\_\_ Ship To: \_\_\_\_\_

Vendor Phone: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_

Shipping Method:      Standard      Expedited

**Items (i.e.: books, software, subscriptions, supplies)**

Qty	Catalog/Item#	Description of Item(s)	Unit Price	Extended Price

Subtotal \_\_\_\_\_

Tax \_\_\_\_\_

Shipping & Handling \_\_\_\_\_

**Total Cost** \_\_\_\_\_

\_\_\_\_\_  
Supervisor/ PI Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dept Manager/ Analyst Signature

\_\_\_\_\_  
Date

**Additional Notes/ Comments**

*Per UCI policy, authorized gift cards orders will be purchased on a UCI corporate card and reconciled on KFS. Please discuss gift card policy and next steps with your purchasing agent.*