

Hofstra University Purchase Request

Please complete this form and return it to the Purchasing Department in Room 201 Phillips Hall for processing.

Date:

Budget Information:

Fund: 80165 Organization: 81159 Account: 71002 Program: A1

(New number)

Departmental Authorization:

Print Name: Anita Ellis Signature: _____

Delivery Information:

Name and Extension of Person Ordering: Pamela M. Orefice - 36924

Department/Room Number/Building: Student Activities/260/Student Center

Vendor Information:

Name of Company:

Address:

Contact:

Telephone:

Fax:

Item(s) to be Ordered:

Quantity	Item (Please include model number and description)	Unit Price	Total Price

Reason for using this Vendor: Sole Source _____ Bids Attached _____ Other (Be Specific) _____

Purchasing Department Approval _____ Date ___/___/___ Purchase Order Number
P _____