FACILITIES REQUISITION FORM

AUGUSTA UNIVERSITY

Department:	
Contact Person:	Telephone Number:
CFC:	
Project/Work Order # (if applicable):	Delivery Location:
Emergency Purchase ☐	Reason for Emergency:

VENDOR INFORMATION

VENDOR NAME:	
New Vendor Yes ◉ No ○	If new Vendor, please submit W9 and Certificate of Insurance (required)

PURCHASES

Item #	Description (Part #, Type, Make, Model)	Quantity	Unit	Unit Cost	Total Unit Cost
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
				TOTAL	$ 0.00

☐ DEPARTMENT WILL PICK UP ☐ VENDOR WILL DELIVER

COMMENTS/SPECIAL INSTRUCTION:

MRR Project ☐ Task Order ☐ Vendor Email:

Additional Emails:

SIGNATURE

DEPARTMENT REQUESTOR DATE:

DEPARTMENT APPROVAL DATE:

Reviewed/Approved by Ron Booth? ☐ Yvonne Turner's Approval Needed? ☐

Bond Included? ☐
(for projects over $100,000)

Davis/Bacon Wages Applied? ☐
(only if federally funded)

FOR FACILITIES MANAGEMENT OFFICE USE ONLY

REQUISITION NUMBER: PURCHASE ORDER NUMBER: