

PURCHASE/PAYMENT REQUISITION

Select either **Purchase** or **Payment Requisition**:

PURCHASE REQUISITION - REQUIRED FOR PURCHASES \$2,500 AND GREATER Purchase Order Blanket Purchase Order PO/BPO# _____	PAYMENT REQUISITION Invoice less than \$2,500 Invoice \$2,500 or greater - prior approval was required. Please provide reason:
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PAYEE/VENDOR NAME AND ADDRESS: Vendor ID# Check Due Date (if required):	DELIVERY/BILLING NAME AND ADDRESS: Capital University 1 College and Main Columbus OH 43209 ATTN: _____ Phone: _____ Department: _____
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Enclose with check:	Copy of Invoice	Letter	Other:
SPECIAL INSTRUCTIONS:			

Invoice #	Invoice Date	Description – limit 25 characters	Amount	FUND	LOC.	DEPT.	OBJECT	ACT. CODE
TOTAL VOUCHER AMOUNT:								

IMPORTANT: The original invoice, other appropriate documentation, and any items to be included with the check must be attached to this requisition.

	<i>Typed Name</i>	<i>Signature</i>	<i>Date</i>
Requested by:			
Budget Manager/Dept. Chair/Supervisor			
If \$1,000 or greater, approval by area Vice President or Dean			
If \$2,500 or greater, approval by VP of Business & Finance			