



Vendor Information

Vendor Name

Date

Vendor Address

Street Address

City

State

ZIP

Vendor Website or Email

If too long for box, please put in

Special Instructions

Vendor Phone

Is this a new vendor?

Yes

No

Unknown

Vendor Payment Type

Check

Credit Card

If yes, W-9 is need

Justification for Purchase

Requested by _____ **What is being requested?** _____

Why does this need to be purchased?

FOR TRAVEL ONLY

Traveling dates. Beginning

Returning

Destination

List of Purchases

QTY	Item Description	Budget	Item #	Unit Cost	Total
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Date Needed: _____

Sub Total

Tax

Shipping

Discounts
Show negative

Total

Not to Exceed

Special Instructions

Authorization

Prepared by _____
Signature Date

Approved by _____
Signature Date

PTR Attachment Check List:

_____ Bid Document (Must be completed according to Purchasing Policies)

_____ Documentation from catalog or website

_____ W-9 if needed

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