



**ARKANSAS TECH
UNIVERSITY**
OZARK CAMPUS

Purchase Request

REQ # _____

PO # _____

VENDOR NAME: _____

T NUMBER: _____

SPECIAL INSTRUCTIONS:

ITEM #	DESCRIPTION	QTY	UNIT \$	TOTAL COST
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
			SHIPPING	
			SUBTOTAL	
			TAX	
			GRAND TOTAL	

INDEX	FUND	ORG	ACCT	PROG
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DATE SUBMITTED: _____

REQUESTED BY: _____

DATE APPROVED: _____

SUPERVISOR: _____

DATE ENTERED: _____

ENTERED BY: _____