

Supplies and Services Request

University of MN - Department of Central Security

Date: _____

- Internal Item Purchase Internal Service Request
 External Item Purchase External Service Request

Vendor Information:

Company:	Contact Name:
Street:	City:
	State & Zip:
Phone:	Fax:

Purchase Description:

Qty	Item Description (include model #, etc.)	Unit Cost	Total Cost
Shipping & Handling (if applicable)			
Grand Total			

Preferred Payment Method:

- Please place order and arrange payment. Need Confirming P.O. **895**-_____
- I will place order and provide you with an invoice.
- I will place order and charge to my University purchasing card. (find receipt in my folder).

Requested by: _____ Date: _____

Approved by: _____ Date: _____

CUFS #: **895** - _____ Stock TSR # _____ Other _____

Project Name: _____

Director's Approval: _____ Date: _____

Ofc Use: Ordered by: _____ Date: _____
