# GONZAGA UNIVERSITY
**PURCHASE REQUISITION**
*(THIS IS NOT A PURCHASE ORDER)*

## REQUIRED INFORMATION

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**FUND:**

**ORGANIZATION:**

**ACCOUNT:**

**ACTIVITY CODE:**

**AMOUNT:**

**BUDGET NUMBER:**

**ORIGINATING OFFICE:**

**ACCOUNTING OFFICE:**

**REQUESTOR PLEASE PRINT**

**SIGNATURE OF BUDGET OFFICER**

**AREA VICE PRESIDENT**

**PURCHASE ORDER NUMBER**

**ADDITIONAL FORMS & SUPPORTING DOCUMENTS REQUIRED FOR THE FOLLOWING OPTIONS:**

- PLACE CHECK IN CAMPUS MAIL
  - MAIL BOX #
- PREPAY

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**EXTENSION:**

**BOX:**

**TOTAL:**

**Purchasing Place Order**

**Department Place Order**

**EXT. _________**

**EMAIL______________________________**

## Additional Forms & Supporting Documents Required for the Following Options:

- Place check in campus mail
- Mail box #
- Prepay

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**BANNER VENDOR NUMBER**