



Hektoen Institute

2240 West Ogden Ave.
 Chicago, IL 60612
 ph: (312) 768-6000
 fax: (312) 768-6010

Requested by: _____
 Phone: _____

Date _____
 Grant # _____

Purchase Requisition

Please complete all shaded portions.

Requisition Information								
SHIP TO Name				SHIP TO Address (incl. Dept & Room #)				
	Phone				City			
		Fax				State	Zip	
Vendor Information								
VENDOR Name				Acct No.				
	Phone				Fax			
Purchase Requisition Comments				Other Information				
				Quote #	Assigned PO# (office use only)			
				Authorized Signature			Date	
Line	Qty	Item #	Unit	Description	Unit Price	Ext Total		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
19								
20	1		Ea	Estimated Shipping & Handling				
						Total		