

Environmental Health and Safety

Campus Storeroom

Requisition and Billing Form

- If TOTAL of order is \$1,000 to \$3,999.00 the end user is required to have one (1) quote-- and MUST include any shipping/freight charges
- If TOTAL is \$4,000 to \$24,999, it will be bid by the purchasing office (or Shared Services) and approved by OPM (Office of Procurement Management)
 - If Sole Source is necessary, MUST provide digitally SIGNED to EHS.Storeroom@sdsmt.edu

Signing this form authorizes the Storeroom to bill the following index code for items purchased, plus freight and processing fees

Name of Requestor:	Date:
Department & Contact Information of Requestor: (Please provide e-mail address or phone number.)	Signature of Person Responsible for Index Code: (Signature allows purchase to be directly placed on index code provided)
Vendor:	Index Code:
Vendor Address:	Vendor Phone & Fax Number:
Shipping Selection: <i>Check one (if nothing checked - will assume Standard/Ground)</i> <small>(faster shipping selection may reflect higher shipping cost)</small> <input checked="" type="checkbox"/> Standard/Ground <input type="checkbox"/> 2-Day <input type="checkbox"/> Overnight Person Responsible Initials _____	
For Office Use Only	For Office Use Only
Date & Time:	Requisition #:
PO #:	Receiving #:
Confirmation #:	Invoice #:

Qty	Size	Catalog #	Description of Item	Unit Price	Total
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Additional Lines on Back

Sub-Total	\$
Shipping/Handling	\$
Total	\$

