

UNIVERSITY OF HAWAII
FORM INSTRUCTIONS
REQUISITION

PURPOSE: To request expenditure of funds for goods, services or construction by purchase order.

DATA ITEM	COMPLETION INSTRUCTIONS
All fields must be completed unless noted as <u>optional</u>. Shaded items represent information to be completed by OPRPM. Users are advised to review Administrative Procedures, Section A8.200, Procurement, for more comprehensive explanation of purchasing policies and procedures and for more detailed instructions on the completion of this form.	
CAMPUS	Enter campus code.
DATE	Enter date form prepared.
PURCHASE ORDER NUMBER	Enter purchase order or other document number, if known.
DELIVER TO	Enter complete address of delivery location.
VENDOR	Enter complete name and order address of vendor.
OTHER VENDORS CONTACTED AND QUOTATIONS	Enter names and quotes from other vendors contacted.
ACCOUNT CODE	Enter 6-digit SL account code to be charged.
FEDERAL FUNDS APPLY	Check appropriate box.
REQ'NER TEL NO	Enter phone number of requisitioner.
REQUISITION NUMBER	Enter requisition number.
VENDOR CODE	Leave VENDOR CODE Blank.
REQUISITIONER	Enter name of requisitioner.
DELIVER ON/BEFORE	Enter number of days for delivery, e.g., 30 days ARO, or delivery date.
DELIVER PREPAID VIA	Enter delivery method
F.O.B. POINT	Enter F.O.B. location if different from DELIVER TO address.
CONTRACT/PRICE LIST/QUOTATION NUMBER	Enter contract, price list or quotation number. Enter date of quotation and name of person who submitted quote.
DISCOUNT TERMS	Enter payment discount terms.
ITEM NUMBER	Enter items to be purchased in numerical sequence.
QUANTITY	Enter quantity of items to be purchased.
DESCRIPTION	Enter description of items to be purchased. Enter exemption statement, if applicable.
OBJECT CODE	Enter 4-digit subcode to be charged.
E/F	Enter "E" or "F" for estimated or firm price.
UNIT PRICE	Enter unit price per item.
AMOUNT	Enter extended price of item.
TOTAL	Enter sum of all extended prices from AMOUNT column.
COMMENTS	Enter summary of dollar totals by object code, if applicable, or other desired comments.
EQUIPMENT TO BE LOCATED	Enter permanent location of equipment.
INCORPORATED INTO EXISTING EQUIPMENT	Enter equipment and decal number or PO number of existing equipment.
APPROVING AUTHORITY FISCAL OFFICER	Signatures and dates are required by the appropriate approving authority (e.g. Principal Investigator, Project Director, Dean, Director, etc.) and Fiscal Officer.
