



PCSU PURCHASE ORDER REQUISITION

Date: _____

Vendor Name and Address: _____

Phone#: _____ Fax #: _____

Ship to: _____

Phone #: _____ Fax (if p.o. is to be faxed to vendor): _____

Method of shipment: _____ Delivery required by: _____

Direct inquires of this order to: _____ Phone#: _____

	Description	Quantity	Unit Price	Extension
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	
6			\$	
7			\$	
8			\$	
9			\$	
10			\$	
11			\$	
12			\$	
13			\$	

Tax \$ _____
 Shipping \$ _____
 Total \$ _____

 Project signature authority

 Date

 Project Number

- (If "method of shipment" and "direct inquires of this order to" information is missing, then order will be shipped by USPS and coordinators name will be given to vendor.)
- (If P.O. exceeds \$2500 then obtain 2 verbal bids and one written with the lowest vendor.)
- Fax (808)956-4710 or email Dana Fukata (dfukata@hawaii.edu) this completed form.
 If you have questions please call (808) 956-7453.