

Date Requested: _____

Vendor: _____

Requestor: _____

Justification: _____

Item	Product Number	Quantity	Cost	Total

Procard/Requisition/Other: _____ PO#: _____

Receiver#: _____ Org/Account #: _____

Date Ordered: _____ Salesperson: _____

Date Shipped: _____ Shipper: _____

Tracking #: _____ Arrival Date: _____

EKU Inventory Tag #: _____ ASLIE Inventory #: _____

Office Location: _____

Approval: _____ Date: _____

Denial Reason: _____ Date: _____