# PURCHASE REQUISITION / INVOICE

**Company Name:** ____________________
**Address:** __________________________
**Phone/Email:** ______________________

**Date:** ____________________
**Requisition No:** ____________
**P.O. Number:** ______________
**Project Code:** ______________

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VENDOR INFORMATION

Name: __________________________
Address: ________________________
Contact: ________________________
Tax ID: _________________________

SHIP TO / MANUFACTURING SITE

Facility: ________________________
Attention: ______________________
Address: ________________________
Required Date: __________________

| Part # | Description / Specifications | Qty | UOM | Unit Price | Total |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Subtotal:** $

**Tax:** $

**Shipping:** $

**Total Due:** $

NOTES / SPECIAL INSTRUCTIONS

Requested By / Department Head

Procurement Manager

Finance Approval