RESEARCH FOUNDATION
FOR MENTAL HYGIENE, INC.

PURCHASE REQUISITION

THIS FORM IS TO BE USED WHEN:

- Payment is necessary on the CO Corporate card
- A Purchase Order is required

NEW VENDORS NEED SUBSTITUTE W-9

VENDOR NAME	**DATE SUBMITTED**	**DATE REQUIRED BY**
STREET ADDRESS 1	**JUSTIFICATION FOR PURCHASE**	
STREET ADDRESS 2		
CITY, STATE, ZIP		

PURCHASE ORDER REQUIRED ☐ **YES** ☐ **NO**	**IF YES, PROVIDE EMAIL ADDRESS TO BE SENT TO:**

SHIP TO ADDRESS	*BILL TO* ADDRESS
NAME	**NAME**
STREET ADDRESS 1	**STREET ADDRESS 1**
STREET ADDRESS 2	**STREET ADDRESS 2**
CITY, STATE, ZIP	**CITY, STATE, ZIP**

DESCRIPTION/SPECIFICATIONS OF ITEM(S) TO BE ORDERED: You may attach a quote, insert a URL or specifically list the item(s) to be ordered. If listing, include Item No., Quantity, Unit and Price for each item.	**AMOUNT**

ACCOUNT	**PROJECT**	**TASK**	**AWARD**	**TOTAL**
EXPENDITURE TYPE	**ORGANIZATION** (DEPARTMENT)			$ 0.00

APPROVAL SIGNATURE	TITLE	DATE
APPROVAL SIGNATURE	TITLE	DATE

FOR BUSINESS OFFICE USE

Approved By

FOR CONTROLLER'S OFFICE USE

Date PO Created	Approved By