

**RESEARCH FOUNDATION
FOR MENTAL HYGIENE, INC.**

THIS FORM IS TO BE USED WHEN:

- You are unable to order from Amazon
- Payment is necessary on the CO Corporate card
- A Purchase Order is required

PURCHASE REQUISITION

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	IF YES, PROVIDE EMAIL ADDRESS TO BE SENT TO:
YES NO	

SHIP TO ADDRESS NAME	BILL TO ADDRESS 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)			
APPROVAL SIGNATURE	TITLE		DATE	
APPROVAL SIGNATURE	TITLE		DATE	

<p>FOR BUSINESS OFFICE USE</p> <p>Approved By</p>	<p>FOR CONTROLLER'S OFFICE USE</p> <p>Date PO Created Approved By</p>
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