

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

PURCHASE REQUISITION

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

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:
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<i>SHIP TO ADDRESS</i> NAME	<i>BILL TO ADDRESS</i> 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
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ACCOUNT	PROJECT	TASK	AWARD	TOTAL
EXPENDITURE TYPE		ORGANIZATION (DEPARTMENT)		

APPROVAL SIGNATURE	TITLE	DATE
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APPROVAL SIGNATURE	TITLE	DATE
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FOR BUSINESS OFFICE USE Approved By	FOR CONTROLLER'S OFFICE USE Date PO Created	FOR CONTROLLER'S OFFICE USE Approved By
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