

## South Carolina State University Procurement Card Purchase Requisition

Department Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Office No: \_\_\_\_\_

Index No: \_\_\_\_\_ Account No: \_\_\_\_\_

**Purpose:** \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Item No.	Quantity	Unit of Measure	Description	Unit Price	Total
<b>TAX</b>					
<b>TOTAL</b>					

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Pres./Cabinet Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_