



Purchase Requisition

The reference Number on this form is for internal use only and must not be quoted or sent to outside vendors

Local Reference Number:		Page 1
Buyer Name:	Fax No.:	
Purchase Order No.:	Copy Required: Y/N	
Requisitioner:	Print on Order: Y/N	
Tele. No.	Print on Order: Y/N	

Business Unit	Category of Goods	Vendor Name/Location	Vendor No:

Line	Item ID	Item Description	UOM	Qty	Unit Cost	Total Cost (Excl. GST)	GST Amount	Purchase Total (Incl. GST)
1								
2								
3								

Accounting Distribution

Line 1	Account		Fund		Dept. ID	
Program	0 0 0 0	Class	Budget Period		Project/Grant	
Line 2	Account		Fund		Dept. ID	
Program	0 0 0 0	Class	Budget Period		Project/Grant	
Line 3	Account		Fund		Dept. ID	
Program	0 0 0 0	Class	Budget Period		Project/Grant	

Asset: Yes/ No	Tax Exempt: Yes/ No	Delivery Date:
Ship to:	Location:	
Ship via:	Freight Term:	
Method of dispatching order : Facsimile or Print to Printer ID		
Comments for Line No.():		For Vendor:
Other Comments		For Vendor:
FOR EXPENDITURE PROPOSAL AND APPROVAL ON ITEMS IN EXCESS OF AUST \$10,000 OR FOR QUOTE NON-COMPLIANCE, PLEASE COMPLETE THE RELEVANT AREAS ON PAGES 1 AND 2		

FUNDING APPROVAL UP TO AUST \$100,000

This purchase is approved and declared free of any conflict of interest (as defined in the UNSW Staff Code of Conduct) and quotation requirements have been met.

Delegated Officer: _____ (Signature)

Surname: _____ (Print) Date: _____