



# Special Needs Purchase Requisition

Is this purchase COVID-19 Related?

No Yes (how):

Is this Purchase OneTime Need Blanket Annual Maintenance

Today's Date:  
Requestor's Name:  
Requestor's Email:  
Ordering Dept Name:  
Date Item(s) Needed:  
Quote/Bid#:

**Purchasing Office Use Only:**  
How: \_\_\_\_\_ CC #: \_\_\_\_\_ Acct: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Processed by: \_\_\_\_\_  
PO Ref: \_\_\_\_\_  
Notes: \_\_\_\_\_

**\*\* INCLUDE ALL QUOTES YOU RECEIVED\*\***

If available, also send links for specific items(s) and/or screenshots of product.

<b>PERFERRED VENDOR COMPANY NAME:</b>	<b>SALES/CUST. SERVICE CONTACT NAME:</b>
<b>VENDOR ADDRESS:</b>	
<b>PHONE NUMBER:</b>	<b>EMAIL/Website for order:</b>

Item NO., if available	QTY.	DESCRIPTION	UNIT PRICE	TOTAL AMT.	DeptID/Project to charge

**SPECIAL ORDERING INFORMATION/Delivery Location:**

**Order Total:**

Add sheets if needed. Can also enter as single item, 'See quote', full amount in unit price.

**JUSTIFICATION/BUSINESS PURPOSE FOR REQUEST** (attach a separate sheet if necessary):

**Approved**  
Yes No

Budget Manager Name/Signature:

CBO/Designee Name/Signature:

For over \$10,000-Dean/Director:

Purchasing will let requestor know how order is to be placed (P-Card, PO, Shop@UW).

CBO/Designee Comments: