



Irma Lerma Rangel

PHARMACY
TEXAS A&M HEALTH SCIENCE CENTER

PURCHASE REQUISITION APPROVAL FORM

Date of Requisition: _____

Name of person making the request: _____ Room #: _____

Department: _____ Is vendor a HUB? Yes No

Purchase from: _____ Total amount of purchase (\$): _____

Account number to be used: _____ Date of Purchase: _____

Card #: _____ PO #: _____

If using P/T card, fill in the card number;
if using a PO#, fill in the PO#

Is quote included? Yes No

Name and description of the product or service requested:

Justification for the product or service and benefit to the COP (detailed):

Note: Please provide all original receipts for reimbursements, P-card transaction log.

APPROVAL (The requisition should be reviewed by the unit head or department chair)

Faculty/Supervisor Signature Printed name Date

Signature of Department/Unit Head Printed name Date

Finance & Administration Signature Printed name Date