

EXPENDITURE REQUISITION FORM

All orders must be placed using this Requisition Form

THE FLORIDA STATE UNIVERSITY
OFFICE OF DISTANCE LEARNING



Do not spend personal funds expecting reimbursement without prior written permission from the accounting office.

Submitted by: (Name) _____ Submitted for: (if different) _____ Date: _____

College/Department/Unit: _____ Phone #: _____ E-mail: _____

Justification: (Explain your need for the items to be purchased. What will the products be used for?) _____

Who will use the products? _____

How will expense be paid? Purchase Order - ☐ New - ☐ Existing # _____ Interdepartmental Req. - ☐ P-Card - ☐ Not Sure - ☐

Description of Products/Services: Complete one line for each item to be purchased. The description should be complete and precise and include part and model numbers as well as a text description. Indicate the date you need the item/service. ASAP is not an acceptable date.

No.	Quantity	Type	Description: Complete specifications; size, color, grade, part number, brand name, etc. Attach additional sheets if necessary.	Unit Price	Total Price	Date Needed
1.		<input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> AV Supply <input type="checkbox"/> Other <input type="checkbox"/> Computer Supply		\$	\$	
2.		<input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> AV Supply <input type="checkbox"/> Other <input type="checkbox"/> Computer Supply		\$	\$	
3.		<input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> AV Supply <input type="checkbox"/> Other <input type="checkbox"/> Computer Supply		\$	\$	
4.		<input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> AV Supply <input type="checkbox"/> Other <input type="checkbox"/> Computer Supply		\$	\$	
5.		<input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> AV Supply <input type="checkbox"/> Other <input type="checkbox"/> Computer Supply		\$	\$	
6.		<input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> AV Supply <input type="checkbox"/> Other <input type="checkbox"/> Computer Supply		\$	\$	

Quote attached - ☐ Rush - ☐ Discount for Web Order - ☐

Shipping (required)	\$
Total Cost	\$

Vendor Information (required)

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ URL for online vendor: _____

Telephone Number: _____ Fax Number: (required for rush orders) _____

Comments: _____ Is this Vendor in OMNI? Yes - ☐ No - ☐

Approvals (admin only)

Academic Dept. Dean or Designee _____ Date recorded: _____

Academic Dept. Budget Manager: _____ Date approved: _____

ODL Director or Designee: _____ Date approved: _____

ODL Budget Manager: _____ Date recorded: _____

Provost/VP Approver: _____ Date approved: _____

Department ID/Fund: (6/3 digits) _____ Project Code/Chartfield 3: (10 digits) _____

Note: Expenditures over \$10,000 require Provost Office approval.