

AG-610 (09/09)

Texas A&M AgriLife
Administrative Services - Disbursements



Departmental Purchase Request

Texas AgriLife Research

Texas AgriLife Extension Service

TVMDL

Date Order Placed
With the Vendor: _____

DOC No.: _____

Requested By: _____

Account: _____

Phone No. : _____

Dept Approved: _____

Additional Accounts/Support Accts: (Indicate part 06/07/20/02 and amount or percentage of purchase)

	Description	Quantity	Unit	Estimated Unit Price	Extension
	Shipping & Handling (Estimated Amt)				
Totals					

Form: Phone Quote (per _____); Official Quote: Catalog Order: Other: _____

Suggested Source (Include Phone & Fax Numbers)

Company: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

Information required on Purchase Orders (per the State Comptroller's Office 11/2003):

- Vendor name
- Date the order is placed with the vendor
- Detailed description of items/services ordered
- Include quantity of each item
- Include unit price of each item

State whether freight or other charges are to be paid, and the actual amount (if the actual amount is not known, state the estimated amount)