

AG-626 (10/09)

Texas A&M AgriLife
Administrative Services - Purchasing



**TEXAS A&M AGRILIFE
REQUISITION FOR PURCHASE OVER \$25,000**

DATE		UNIT NAME	
BID #		ACCOUNT #	

ITEM TO BE PURCHASED			
PREVIOUS PRICE PAID	\$	UNIT REFERENCE #	
DATE NEEDED			
REQUESTOR		PHONE #	

ATTACHMENTS	TAES Invitation-for-Bid Form #213-96, Rev 9/96 completed with delivery address, item or service required, commodity code, specifications, quantity and unit of measure completed.
	If applicable, Sole Source Justification Memorandum

LIST AT LEAST THREE VENDORS WHO CAN SUPPLY THIS PRODUCT AND SERVICE AND INCLUDE AT LEAST ONE HISTORICALLY UNDERUTILIZED BUSINESS

VENDOR NAME & HUB STATUS	ADDRESS	CITY, STATE, ZIP CODE	PHONE # & VENDOR REP	FAX #

Bids will be sent to unit to review and recommend an award.

Signed:

Unit Head

Submit to:

Texas A&M AgriLife
Purchasing – MS 2147
College Station, TX 77843-2147
Phone: 979-845-4513
Fax: 979-458-1217

Texas A&M AgriLife
Requisition for Purchase over \$25,000

Date:
Department Name:
Department E Number:
Account Number:

Item to be purchased:
If applicable, previous price paid
Departmental Reference Number:
Requestor:
Date goods/service needed:

Unit approval:

Attach Invitation-for-bid form number 213-96 with item, commodity code, specifications, quantity and unit completed.

If a sole source purchase:
Attach sole source justification memorandum

List at least three vendors who can supply this product and include at least one certified HUB.

Vendors	HUB Status	Address:	Phone No.	FAX No.

Requisitions over \$25,000

Unit: _____ Unit Ref No.: _____
Date Red. Received: _____ IF Received: Yes/No _____
Type: _____ Bid Initiation No. _____
Account No: _____
Equipment: Yes/No _____
Equip. allowed: Yes/No _____

Comments

Date IF Sent: _____ Date sent to TDEC: _____
Date IF Opens: _____ Date TDEC Posted: _____
Notice: _____ Specs: _____
Date Bids Tabbed: _____ Date Acknowledged: _____
No. Bids Rec'd: _____ Expiration Date: _____
Date bids sent to Unit: _____

Date PO Received: _____ Date Unit Ordered: _____
Red. Number: _____ Date Unit Canceled: _____
PO Number: _____ Date Action Sent to TDEC: _____
Date Copy PO to Unit: _____ Date Action Sent to TDEC: _____