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|  | | Draft  Requisition | | | | | Requisition No.    Requisition Date | |  | Account FOPAL    Account Index No | |  | Page of | | |
|  |  | | |  | | |  | | | Fiscal Year | |  | | |
| Requestor Name: | | | E-Mail | |  | PO Vendor Number (if known) | | Vendor Name (optional) | | | Mandatory (Y/N) | | | Attachment (Y/N) | |
| Requestor Dept | | | Phone | | Fax | Prior PO (if known) | | address | | |  | | | | |
| Internal Delivery Address | | | | | | Required Date: | | city state zip  country (if not USA) | | |  | | | | |
|  | | | | | | Quote Number | | Quoted by ( Name ) | | | Quote Date | | | | |

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| Line  No. | Required  Date | Quantity | Unit  of Meas. | Cmod  Code | Vendor Part No.  Description/Comments  Line Distribution Accounting | Unit  Price | Discount  Factor | Total |
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| Departmental Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |