WINGATE UNIVERSITY
REQUISITION

CHARGE TO:	**DATE:**
	DATE ORDERED:
ACCOUNT #:	**DATE RECEIVED:**

VENDOR INFORMATION		**REQUESTED INFROMATION**	
NAME		**REQUESTED BY:**	
ADDRESS		**APPROVED BY:**	
		ORDERED BY:	
PHONE/ FAX		**BUSINESS OFFICE:**	

PLEASE FURNISH THE MATERIAL LISTED BELOW.

QUANTITY	MODEL #	DESCRIPTION	UNIT COST	TOTAL COST

Comments:

SUBTOTAL	
FREIGHT	
TOTAL	