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|  | DraftRequisition | 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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| LineNo. | RequiredDate | Quantity | Unit of Meas. | CmodCode | Vendor Part No.Description/CommentsLine Distribution Accounting | UnitPrice | DiscountFactor | Total |
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| NOTES: |  |
|  | Total Amount |

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| Departmental Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |