**PURCHASE REQUISITION/ORDER**

**FAIRLEIGH DICKINSON UNIVERSITY**

**DEPT. NAME**
**ADDRESS**
**MAIL CODE**
**PHONE # (       )**

**FULL NAME & ADDRESS OF VENDOR**

**SUPPLIER NUMBER**

**TOTAL AMT.** | **PROPER GL#** | **OBJECT CODE**
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**IMPORTANT INSTRUCTIONS TO SUPPLIER**

**SUBMIT ALL INVOICES IN TRIPlicate TO:**

☐ SAME AS SHIP TO **(UNLESS OTHERWISE NOTED IN BODY OF PO)**

☐ ACCOUNTS PAYABLE DEPARTMENT
1000 RIVER ROAD/FIELD HOUSE T-FH2-02
TEANECK, NJ 07666
TELEPHONE 201-692-2009

☐ SEE INSTRUCTIONS IN DESCRIPTION AREA

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**INSURANCE:** VENDOR/CONTRACTOR SHALL PROVIDE FDU WITH A CURRENT, VALID CERTIFICATE OF INSURANCE PER SECTION 8.b OF THE REVERSE SIDE OF THIS PURCHASE ORDER.

**QUANTITY** | **UNIT ISSUE** | **DESCRIPTION** | **UNIT PRICE** | **EXTENDED PRICE**
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**COMPLETE DESCRIPTION DETAILING GOODS AND SERVICES**

**$** | **$**

**TOTAL AMOUNT**

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**NOTICE TO SUPPLIER:**

* ORDER SUBJECT TO THE TERMS AND CONDITIONS ON THIS FACE AND REVERSE SIDE
* WHEN INDICATED SEND MATERIAL SAFETY DATA SHEET TO THE SHIP TO ADDRESS
* WE ARE EXEMPT FROM NJ STATE TAX. CERTIFICATE NO. E221-494-434/001
* UNLESS OTHERWISE SPECIFIED PRICES ARE F.O.B. DESTINATION

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Requisitioned by **NAME**
Approved by **NAME**
Signature **NAME**
Approved by **NAME**

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**$**

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**ORDER NOT VALID UNLESS SIGNED BELOW FOR FAIRLEIGH DICKINSON UNIVERSITY**

**SIGNED:**

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**DIRECTOR OF PURCHASING**

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**SUPPLIER COPY**