



**Comstock
Memorial
Union**

Minnesota State University Moorhead
615 14th St S Moorhead, MN 56563

Purchase Request

Vendor: _____

Date of Request: _____

Address: _____

Service/Work Area: _____

Phone: _____

Account Number: _____

Item	Quantity	Item Description	Unit Price	Amount
			Total =	

_____ Purchase Order Number Assigned: _____

_____ Purchasing Card Assigned: _____

Requested By: _____

Date: _____

Approved By: _____

Date: _____

Processed By: _____

Date: _____