PLEASE PRINT

JOHNS HOPKINS HEALTH SYSTEM EMERGENCY PURCHASE REQUISITION

DO NOT USE FOR CAPITAL EQUIPMENT PURCHASES / LEASES

PURCHASING ONLY

DATE:	REQUESTER:	PHONE #:	FAX:	DELIVERED TO: BLDG.	ROOM #:	DEPT.
				RETURN CONFIRMING COPY		

BUSINESS AREA _____ _____ _____ DESCRIPTION_____

DELIVERY INSTRUCTIONS:
☐ OVERNIGHT ☐ 2ND DAY ☐ REGULAR - NEED BY: _____

SUGGESTED VENDOR:

ASSIGNED PURCHASE ORDER#		
DATE ORDERED	PHONE #	F.O.B.
VENDOR NAME	VENDOR CODE	
CONFIRMING NAME	DELIVERY DATE	
MISCELLANEOUS INFORMATION		
CONTRACT #		

COST CENTER	GL ACCOUNT	MFG #.	QTY.	UOM	DESCRIPTION	NEW PRODUCT (Please Circle)	SAP ITEM #	PRICE
_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _					Y / N		
_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _					Y / N		
_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _					Y / N		
_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _					Y / N		
_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _					Y / N		
_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _					Y / N		
_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _					Y / N		
_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _					Y / N		
_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _					Y / N		
_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _					Y / N		
_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _					Y / N		
_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _					Y / N		
_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _					Y / N		

DO NOT WRITE BEYOND THIS POINT

☐ SOLE SOURCE MANUFACTURER/VENDOR
SOLE SOURCE JUSTIFICATION LETTER MUST ACCOMPANY THIS REQUISITION.

SOLE SOURCE APPROVAL SIGNATURE:

AUTHORIZED SIGNATURE:	PRINT NAME:	ADMINISTRATOR:	DATE:	BUYER:

FREIGHT CHARGE	
	$

***COST CENTER / GL ACCOUNT #'S MUST BE REFERENCED OR REQUISITION WILL BE RETURNED.**

15-197080E (5/07)