



Department of Counseling, Higher Education, and Special Education

Purchase Request Form

One purchase request form per vendor. (*) Indicates mandatory field

Please email completed form to chsepurchase@umd.edu

Requestor/Vendor Information:

Your Name*	
Your email*	
Your Campus Phone No	
Suggested Vendor (one per form)	
Suggested Vendor Address or Website	
Suggested Vendor Telephone No	

Items to be ordered:

	Item Description*	KFS Acct Number*	Acct Name	Quantity*	Unit of Measure	Estimated Unit Price	Total
Item 1:							
Reason for item*							
Item 2:							
Reason for item*							
Item 3:							
Reason for item*							
Item 4:							
Reason for item*							
Item 5:							
Reason for item*							
Item 6:							
Reason for item*							

If you have more than 6 items, please attach another purchase request form for the additional items.

Page ___ of ___

Does the total order exceed \$5,000? ___ Yes ___ No

**If the total order with one vendor exceeds \$5,000 then a Purchase Order must be created.

Additional Comments and Information (Specific links, additional justification for purchase, etc.):

Authorization (PI or Person responsible for the funding source)*:

Print Name

Signature/Date