



# 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](mailto: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.

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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