## **REQUISITION**SPLIT ORGANIZATION / INDEX

| QUANTITY   | UOM | OM COMPLETE DESCRIPTION |                |          |  |  |                                   | UNIT PRICE | EXTENSION |
|--|-----|-------------------------|----------------|----------|--|--|-----------------------------------|------------|-----------|
|  |     |                         |                |          |  |  |                                   |            |           |
|  |     |                         |                |          |  |  |                                   |            |           |
|  |     |                         |                |          |  |  |                                   |            |           |
| Attach additional pages/specifications if necessary.   |     |                         |                |          |  |  |                                   | TOTAL      |           |
|  |     |                         |                |          |  |  | -                                 |            |           |
| Suggested Vendors:  Be sure vendor is available in FTMVEND. If not or if correct address is not listed, fill out a Vendor Create/Modify Form before sending this form. |     |                         |                |          |  |  | Deliver to: List name and address |            |           |
| Vendor Number  |     |                         |                |          |  |  |                                   |            |           |
| Vendor Number  |     |                         |                |          |  |  |                                   |            |           |
| Vendor Number  |     |                         |                |          |  |  |                                   |            |           |
| Organization / Index   |     |                         | <u>Pct.</u>    | <u> </u> |  |  | Fiscal Agent Signature            |            |           |
|  |     |                         |                |          |  |  |                                   |            |           |
|  |     |                         |                |          |  |  |                                   |            |           |
|  |     |                         |                |          |  |  |                                   |            |           |
| Date Prepared  |     |                         | Contact Person |          |  |  | Phone                             | e Number   |           |