DIXANI - PURCHASE REQUISITION FORM

Internal request for goods or services before supplier selection and Purchase Order creation

Requisition No.		Request Date		Required By		Priority		Approval Status	
Requested By		Department		Project / Job		Cost Center / Budget		Budget Available	
Delivery Location		Contact / Email		Purchase Type		Suggested Supplier			

#	SKU / Item	Item / Service Description	Specification	UOM	Qty	Est. Unit Cost	Est. Total	Suggested Supplier	Reason / Justification	Budget Code	Need-by	Status	Remarks
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

BUSINESS JUSTIFICATION / PURPOSE OF PURCHASE

Budget Verified	Yes / No / N/A	Specification Clear	Yes / No / N/A	Existing Contract Checked	Yes / No / N/A	Quotes Required	Yes / No / N/A
Preferred Supplier Approved	Yes / No / N/A	Ready for PO	Yes / No / N/A	Procurement Remarks			

Requested By	Department Manager	Procurement Review	Final Approval
Name / Signature: _____	Name / Signature: _____	Name / Signature: _____	Name / Signature: _____
Date: _____	Date: _____	Date: _____	Date: _____

Internal purchasing document only. Approval requirements, budget controls and purchasing authority should follow your organization's procedures.