

**TITLE III PROGRAM - PURCHASE REQUEST
VIRGINIA STATE UNIVERSITY**

Activity Name & Delivery Address _____

Vendor Information

(Give name and full address; contact person, telephone, fax and Tax ID)

Attach quotes, if any, to this request, sources of supply and bids

Thirty days or more should be allowed to explore sources of supply, receive and analyze bids, make awards and effect delivery

	Description	Qty	Unit	Unit Price	Total Price

INDEX CODE _____

This Purchase Request is for Title III use ONLY

I certify that the items called for in this requisition are for official use of the University.

Requested by _____

APPROVED: _____
Title III Activity Director or Person In Charge

Telephone No. _____

APPROVED: _____
Title III Director