

AG-626 (08/12)

Texas A&M AgriLife
Administrative Services - Purchasing



**TEXAS A&M AGRILIFE
REQUISITION FOR PURCHASE OVER \$25,000**

DATE		UNIT NAME	
BID #		ACCOUNT #	

ITEM TO BE PURCHASED			
PREVIOUS PRICE PAID	\$	UNIT REFERENCE #	
DATE NEEDED			
REQUESTOR		PHONE #	

ATTACHMENTS	TAES Invitation-for-Bid Form #213-96, Rev 9/96 completed with delivery address, item or service required, commodity code, specifications, quantity and unit of measure completed. If applicable, Sole Source Justification Memorandum
--------------------	--

LIST AT LEAST THREE VENDORS WHO CAN SUPPLY THIS PRODUCT AND SERVICE AND INCLUDE AT LEAST ONE HISTORICALLY UNDERUTILIZED BUSINESS

VENDOR NAME & HUB STATUS	ADDRESS	CITY, STATE, ZIP CODE	PHONE # & VENDOR REP	FAX #

Bids will be sent to unit to review and recommend an award.

Signed:

Unit Head

Submit to:

Texas A&M AgriLife
Purchasing – MS 2147
College Station, TX 77843-2147
Phone: 979-845-4513
Fax: 979-458-1217

Texas A&M AgriLife
Requisition for Purchase over \$25,000

Date:
Department Name:
Department E Number:
Account Number:

Item to be purchased:
If applicable, previous price paid
Departmental Reference Number:
Requestor:
Date goods/service needed:

Unit approval:

Attach Invitation-for-bid form number 213-96 with item, commodity code, specifications, quantity and unit completed.

If a sole source purchase:
Attach sole source justification memorandum

List at least three vendors who can supply this product and include at least one certified HUB.

Vendors	HUB Status	Address:	Phone No.	FAX No.

Requisitions over \$25,000

Unit: _____ Unit Ref No.: _____
Date Red. Received: _____ IF Received: Yes/No _____
Type: _____ Bid Initiation No. _____
Account No: _____
Equipment: Yes/No _____
Equip. allowed: Yes/No _____

Comments

Date IF Sent: _____ Date sent to TDEC: _____
Date IF Opens: _____ Date TDEC Posted: _____
Notice: _____ Specs: _____
Date Bids Tabbed: _____ Date Acknowledged: _____
No. Bids Rec'd: _____ Expiration Date: _____
Date bids sent to Unit: _____

Date PO Received: _____ Date Unit Ordered: _____
Red. Number: _____ Date Unit Canceled: _____
PO Number: _____ Date Action Sent to TDEC: _____
Date Copy PO to Unit: _____ Date Action Sent to TDEC: _____