

Work Order No. **PP59554**

PHYSICAL PLANT

Date: _____

Dept Name: _____

WAREHOUSE REQUISITION

FY: **2020-2021**

Building: _____ Room # _____

Email orders to: covidppeorders@nsula.edu

Charge Budget Unit: **FEMA-COVID 19**

Index No: **2-72030**

Credit Budget Unit **Warehouse Inventory Control** Index No. **107331**

					WAREHOUSE USE ONLY						
Item	Quantity Requested	Unit	Price Each	Description	Item Number	Whse Location	Account Code	Quantity Delivered	Unit	Unit Price	Total
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
										Requisition Total	

Document Text Y or N

Transaction Date

MM / DD / YY

Document Total

SECS	JV TYPE	INDEX	ACCOUNT	Action P-T-A	BANK NO.	AMOUNT	D/C	WORK ORDER NO	DESCRIPTION
1		107331	704910				C	PP59554	
2							D		
3							D		
4							D		
5							D		
6							D		
7							D		
8							D		

Approved By/For Budget Unit Head (Departmental Only) Date

Filled by Warehouse Date

Received By Date

Entered By Date

Verified By Date