



Purchase Requisition
Procurement Services Division

Date: Jan 30, 2017

MinuteTraq (IQM2) ID #: 9054

Department Req #: _____

RFP, Bid or Quote #: _____

Send Purchase Order To:				Send Invoices To:					
Vendor: National Safety Council		Vendor #: 10275		Dept:		Division:			
Attn:		Email: orderentry@nsc.org		Attn:		Email:			
Address: PO Box 558				Address:		Room:			
City: Itasca		State: IL		City:		State: IL			
		Zip: 60143-0558				Zip:			
Phone: 1-800-621-3433		Fax: 630-285-0797		Phone:		Fax:			
Send Payments To:				Ship To:					
Vendor: National Safety Council		Vendor #: 10275		Dept:		Division:			
Attn:		Email:		Attn:		Email:			
Address: PO Box 558				Address:		Room:			
City: Itasca		State: IL		City:		State: IL			
		Zip: 60143-0558				Zip:			
Phone: 1-800-621-3433		Fax: 630-285-0797		Phone:		Fax:			
Payment Terms		F.O.B.		PO 20 Delivery Date		Requisitioner			
PER 50 ILCS 505/1		Destination							
Use for		Contract Administrator		Contract Start Date		Contract End Date		Use for	
PO25 only				12/1/16		11/30/17		PO25 only	

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Dept #	Acctg Unit	Acct #	Sub-Accts and/or Activity #	Unit Price	Extension
1	1	EA			17	1100	1212	53610		10,000.00	10,000.00
Requisition Total											\$ 10,000.00
Header Comments (these comments will appear on the PO20 and PO25 Purchase Order) :											
Special Instructions/Comments to Buyer or Approver (these comments will NOT appear on the Purchase Order) :											
User Department Internal Notes (these comments will NOT appear on the Purchase Order) :											