**PURCHASE REQUISITION**

**Medical University of South Carolina**

Date: 9/12/03 (1)
Year/Month/Day  (EXHIBIT A)

**VENDOR**  
John Doe Custodian Petty Cash  (2)

**ADDRESS**  
Dept of Medicine  
Charleston SC 29425  (2)

**PHONE NO.**  
_______  
**FAX NO.**  
_______  

**TIN# OR SS#**  
_______  

Date Needed by  
_______

**Line** | **MUSC Item Number** | **Vendor Item Number /Description** | **Quantity** | **UOM** | **Unit Price** | **Total Line Amount** |
---|---|---|---|---|---|---|
| | | | | | | 50.00 (6) |

The department of Medicine will need this petty cash for $50 to reimburse… (State Reason) (3)

My signature verifies that I am responsible for the custody… (4)

Audit statement “Internal Auditors have full access..” (5)

Please call Jane Smith at ext. 2-xxx (20)

Price(s) quoted by  
_______

Fair and Reasonable Price

<table>
<thead>
<tr>
<th>BC</th>
<th>Date</th>
<th>TA</th>
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Buyer Approval

<table>
<thead>
<tr>
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<tr>
<td></td>
<td>Tax</td>
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<tr>
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<td>Freight</td>
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Total  
50.00 (7)

**Line** | **Alias** | **Entity** | **Account** | **Unit** | **Project** | **Rptg.** | **Year** | **BD #** | **REF #** |
---|---|---|---|---|---|---|---|---|---|
| No. 411152 | MUCU (14) | 10168 (15) | 2200000 (16) | 10333 (17) | 4123(18) | 00 (19) | REF |

Distribution:

Purchasing - 1 copy
Requesting Department – 1 copy
Reminder: Dues, memberships, Stipends, etc. (direct payments) go to Accounts Payable

Requested By:  
John Doe (12)

Approved By:  
Tom Jones (13)