

ADVANTAGE RXQ Input Form

Header Information:

Doc Number RXQ _____	
Date of Record _____	BFY _____
Vendor Number _____	Vendor Name _____
Del Date _____	Ship/Bill _____/379
Responsible Agency/Org _____ / _____	Division _____
Requested by _____	Phone _____
Responsible Person _____	
Requisition Type (circle one) :	D N X
Comm/Acc (circle one) :	Yes No

Accounting Details:

Line	Fund	Agency	Org/Sub	Appr Unit	Obj/Sub	Job No.	Amount
01							
02							
03							
04							
05							
06							
Total Est Cost							\$

Commodity Details:

Line	CommCode	Unit	AcctLn	Description	Qty	Unit Cost

Object Attached (circle one): Yes No

Approval History:

Appr Level	Approve By:	Approval Date:
2		
3		
4	EITS	
5	Purchasing	