



UNIVERSITY OF MARYLAND

DEPARTMENT OF PROCUREMENT AND BUSINESS SERVICES

Urgent/Emergency PO Request

Campus:

Requester Name:

Requester Department:

KFS Account Number:

KFS Object Code:

Fiscal Officer Name:

Deliver To

Name:

Room: Building:

Street Address:

Vendor Information

Vendor Name:

Address:

City:

State:

Zip:

KFS Vendor Number (if available):

Item/Service to Purchase

Quantity:

Unit:

No Quantity

Complete Description of Item/Service:

