

Requisition Number

Deliver to Room No.: Building:

Department Contact Name / Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Cost Center / Internal Order (IO) | Building Name | Dept No. | Fund No. | Gen. Ledger |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Item Number | Quantity | Unit | Description | | | Unit Cost | Line Cost |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
| **List the employees whom these locks will be given to (i.e. as personal locks) OR the list of employees who will be utilizing these locks (i.e. if locks are shared amongst the work group).**  *---Before this order will be processed, EHS will ensure these employees have attended Lockout Tagout Authorized Person Training---*  List employees here: | | | | | | | |
| **DO YOU WISH TO BACKORDER? Circle >** | | | **Yes** | **NO** | **Total:** |  |  |
|  | |  |  | |  | | |
| **PSU USER Account I.D.** | | **Date** | | **Financial Sponsor User ID Date**  Required for tools, or total purchase amount over $2000.00 | | |
| **Print Name** | | |

December 2023