Hampton University
Hampton, Virginia 23668

Office of the Director of Purchasing
(757) 727-5477
Fax (757) 727-5478

PURCHASE EXPEDITER REQUEST

DATE: __________________________
TO: PURCHASING DEPARTMENT
FROM: __________________________
EXT: ____________________________
SIGNATURE: _____________________

ACCOUNT NUMBER: __________________________
COMPANY NAME/PERSON: __________________________
PURCHASE ORDER NUMBER: __________________________

_____ SHIPMENT—NOT RECEIVED
_____ PARTIAL ORDER RECEIVED
_____ CANCEL ORDER
_____ INCORRECT ITEM SHIPPED
_____ DAMAGED SHIPMENT (keep original packing for inspection)
_____ DUPLICATE SHIPMENT
_____ DISSATISFACTION OF SERVICES/ITEMS

REASON:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

REMARKS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

ACTION:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
The undersigned states that he/she has prepared the above documentation and that the facts and other data set forth are complete and accurate to the best of the undersigned’s knowledge and belief.

__________________________________  ________________________________
Investigator or Initiator (Please Print or type)  Signature

PURCHASING DEPARTMENT USE ONLY

______Approved  ______Disapproved

__________________________________  ________________________________
Doretha J. Spells, VP for Business Affairs and Treasurer  Date