

PURCHASE REQUEST FORM

TODAY'S DATE: _____ REQ. DELIVERY DATE: _____

DELIVER TO NAME: _____

ACCOUNT(S) TO CHARGE: _____

DELIVER TO ADDRESS: _____

(Room No.) _____ (Building) _____

Equipment: _____ Research: _____

Supplies: _____ Teaching: _____

PO# _____
Date _____
DO NOT WRITE IN THIS BOX

VENDOR NAME: _____

VENDOR ADDRESS: _____
 (Complete mailing address and division of your vendor)

(City) _____ (State) _____ (Zip Code) _____

VENDOR TELEPHONE: _____

VENDOR FACSIMILE: _____

Item Number	Catalog Number	Description and Specifications (Include quantity per case, pkg., unit size, etc...)	Quantity	Unit Price	Extended Price
Order Total					

SPECIAL NOTES: _____
 (instructions pertaining to this purchase, return bids before acceptance, etc.)

Note: All purchase requests with requested delivery dates less than 2 weeks must have emergency letter attached.