Chemistry Department Requisition

Date:	Index #									
Requested By:				For Reimbul						
Group:		Enter your Name and Mailing Address as the Vendor, staple the <u>original itemized receipt</u> to this corner of the form, and enter your University of Oregon I.D. below. * <u>Electronics and Software can NOT be reimbursed.</u>								
Phone: 346- E-mail:			Your UO I.D.#							
Vendor:	Vendor: Account#				Desired Delivery Date:					
Phone:		Ship Via: ☐ Regular ☐ 2day ☐ 1day								
Address (or web site):			Shipping Not to Exceed \$							
City:	State: Zip:		Allow Back Orders? ☐ Yes ☐ No							
Vendor contact:	Order #		Actual Delivery will be by:							
	Orders <u>over \$25,00</u> 0 require Orders <u>over \$100,00</u> 0 have additional require Contact Purchasing at 34	ments allowing	g impartial vei	ndor competitic						
	1		Unit of	Estimated	For Purchas Actual	ing Use Only Total				
Catalog #	Description	Qty	Measure	Cost/each	<u>\$</u>	<u> </u>				
						<u> </u>				
	PLEASE FORWARD ALL VENDOR	RECEIPTS 1	TO PURCHA	ASING.						
	Equipment Inventory	Asset informa	ntion_							
Is order over \$5000	? Yes□ Item Description:			New A	\/N#					
Add Items #	m):									
	For Purchasing	a Use Only								
Commodity #	Account #	t # Activity Code #								
Banner#	Paid	Entered								

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Vendor: Account#				Desired Delivery Date:						
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Catalog #	Description	Qty	Measure	Cost/each	<u>\$</u>	<u>\$</u>				
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				13/143.						
la andan com OFCOO	Equipment Inventory A	sset informa	<u>ntion</u>	A.I	/N / 44					
Is order over \$5000 Add Items #	? Yes□ Item Description: to Existing Asset #	Locat	ted in (Bldg/Roo	New A	/IV #					
Aud Itellis #	LO LAISUNG ASSEL#	Local	.eu III (Blag/Roo							
	For Purchasing	Use Only								
Commodity #	Account #	Activity Code #								
Banner #	Paid	Entered								