

# Chemistry Department Requisition

Date:	Index #
Requested By:	
Group:	Bldg/Room:
Phone: 346-	E-mail:

<b>For Reimbursements:</b>
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 Social Security number below.
<b>*Computers and electronics can NOT be reimbursed.</b>
Your Social Security #

Vendor:	Account#
Phone:	Fax:
Address (or web site):	
City:	State:      Zip:
Vendor contact:	Order #

Desired Delivery Date:
Ship Via: <input type="checkbox"/> Regular <input type="checkbox"/> 2day <input type="checkbox"/> 1day
Shipping Not to Exceed \$
Allow Back Orders? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Actual Delivery will be by:</b>

Orders over \$5,000 require 3 written vendor quotes.  
 Orders over \$50,000 have additional requirements allowing impartial vendor competition.  
 Contact Purchasing at 346-4699 for details.

Catalog #	Description	Qty	Unit of Measure	Estimated Cost/each	For Purchasing Use Only	
					Actual \$	Total \$
1						
2						
3						
4						
5						
6						
7						
8						
9						

**PLEASE FORWARD ALL VENDOR RECEIPTS TO PURCHASING.**

**Equipment Inventory Asset information**

Is order over \$5000? Yes <input type="checkbox"/>	Item Description:	New A/N #
Add Items #	to Existing Asset # (see note*)	Located in (Bldg/Room):

\*To add value, existing assets must have been purchased in current fiscal year (July 1 to June 30).

**For Purchasing Use Only**

Commodity #	Account #	Trans #	IUC #
Banner #	Paid	Entered	

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