

Chemistry Department Requisition

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

| |
|--|
| For Reimbursements: |
| 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. * Electronics and Software can NOT be reimbursed. |
| Your UO I.D.# |

| | |
|------------------------|------------------|
| 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 |
| Actual Delivery will be by: |

Orders over \$25,000 require 3 written vendor quotes.
Orders over \$100,000 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 # | Located in (Bldg/Room): |

For Purchasing Use Only

| | | |
|-------------|-----------|-----------------|
| Commodity # | Account # | Activity Code # |
| Banner # | Paid | Entered |

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