

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 Social Security number below. *Electronics and Software CANNOT be reimbursed.
Your U.O. 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	P.O. entered