CHEMISTRY DEPARTMENT PURCHASE REQUISITION FORM

DATE: __________________________

ACCOUNT NO: __________________________

TOTAL: __________________________

NAME: __________________________ (Person Placing Order)

ADDRESS

ADDRESS

CONTACT NAME/Sales Email Address

VENDOR PHONE

VENDOR FAX

VENDOR URL

APPROVED: __________________________ (Director of Project/Course)

APPROVED: __________________________ (Business Office)

USAGE OF ITEMS REQUESTED:

*ALL ORDERS MUST BE SIGNED AND THE USAGE OF ITEMS BEING REQUESTED LISTED.

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<tr>
<th>PART #</th>
<th>DESCRIPTION OR SPECIFICATIONS</th>
<th>QTY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>EXTENDED PRICE</th>
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IF ORDERING CAPITAL EQUIPMENT, WHERE WILL IT BE LOCATED: BLDG. ____________ ROOM # ________

If purchase exceeds $1,000.00, including freight, please answer 1, 2a, 2b, and 3 below:

1. Why above vendor recommended as source of supply: __________________________

2. Why emergency exists: __________________________
   a. Why emergency exists: __________________________
   b. Why requirements not anticipated: __________________________

3. Please list two alternate sources of supply:
   a. __________________________
   b. __________________________

Revised 11/2001 www/orders/Purchase_Requisitions