# CHEMISTRY DEPARTMENT PURCHASE REQUISITION FORM

**DATE:** ____________________________  
**ACCOUNT NO:** ____________________________  
**TOTAL:** ____________________________  
**NAME:** ____________________________  
**ADDRESS** ____________________________  
**ADDRESS** ____________________________  
**APPROVED**: ____________________________  

**Vendor:** ____________________________  
**Contact Name/Sales Email Address:** ____________________________  
**Vendor Phone:** ____________________________  
**Vendor Fax:** ____________________________  
**Vendor URL:** ____________________________  

**APPROVED:** ____________________________  
**APPROVED:** ____________________________  

*ALL ORDERS MUST BE SIGNED*

**IF ORDERING CAPITAL EQUIPMENT, WHAT IS THE LOCATION: BLDG. _______ ROOM # _______

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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 purchase exceeds $25,000.00, including freight, please answer 1 and 2 below:

1. Please list two alternate sources of supply to include a HUB vendor:
   a. ____________________________________________
   b. ____________________________________________

2. If above recommended vendor is the sole source of supply, please fill out the sole source justification form.

____________________________________________________________________

Revised 6/2023 www/orders/Purchase_Requisitions