

# CHEMISTRY DEPARTMENT PURCHASE REQUISITION FORM

PURCHASE ORDER #:

\_\_\_\_\_  
Vendor

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Vendor Phone

\_\_\_\_\_  
Vendor Fax

\_\_\_\_\_  
Vendor URL

DATE: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

TOTAL: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Person Placing Order)

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.**

PART #	DESCRIPTION OR SPECIFICATIONS	QTY	UNIT	UNIT PRICE	EXTENDED PRICE

**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. a. Why emergency exists: \_\_\_\_\_  
 b. Why requirements not anticipated: \_\_\_\_\_
3. Please list two alternate sources of supply:  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_