

CHEMISTRY DEPARTMENT PURCHASE REQUISITION FORM

PURCHASE ORDER #:

Vendor

Contact Name/Sales Email Address

Address

Address

Vendor Phone

Vendor Fax

Vendor URL

DATE: _____

ACCOUNT NO: _____

TOTAL: _____

NAME: _____
(Person Placing Order)

APPROVED*: _____
(Director of Project/Course)

APPROVED: _____
(Business Office)

***ALL ORDERS MUST BE SIGNED**

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

PART #	DESCRIPTION OR SPECIFICATIONS	QTY	UNIT	UNIT PRICE	EXTENDED PRICE

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.
