

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 |
|--------|-------------------------------|-----|------|------------|----------------|
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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. a. Why emergency exists: _____
- b. Why requirements not anticipated: _____
3. Please list two alternate sources of supply:
 - a. _____
 - b. _____