

PURCHASE REQUEST

REQUISITIONER & EMAIL: _____

DELIVER TO (Room, Bldg., Extension): _____

SPEEDTYPE & ACCOUNT # : _____ DATE: _____

ACCOUNT NUMBER (previously EXPENSE CLASSIFICATIONS)			
531100	Stationery & Office Supplies	534100	Visitor Travel
531200	Laboratory & Research Supplies	534200	Faculty & Staff Travel
531260	Minor Expendable Equipment	534300	Registration Fees
531400	Food Service & Supplies	534310	Lecture Fees
531600	Catalogs & Publications	535300	Communications -POSTAGE
531700	Books, Periodicals, Bindings	536200	Major Equipment (= , > \$5,000)
533200	Consulting	541100	Maint., Materials & Supplies
533730	Other Purchases (Outside)	543100	Equipment Repair - Contract
533800	Sub-Contracts	543200	Movable Equipment Repair

NAME OF VENDOR: _____

ADDRESS: _____

CITY, STATE: _____ **ZIP CODE:** _____

TELEPHONE NO.: _____ **FAX NO:** _____

ATTENTION: _____

CONTROLLED SUBSTANCE _____ **PRESCRIPTION DRUG** _____

Can this be ordered online? **YES** **NO** *If yes, list website:* _____

Will this company accept a credit card order? **YES** **NO**

SHIP TO ARRIVE: _____ **Attachment? (quote or drawing)** **YES** **NO**

***SPECIAL INSTRUCTIONS:** _____

Quantity	Catalog/item #	Description	unit price	total price

TOTAL AMOUNT _____

FACULTY APPROVAL: _____

DEPT/RESEARCH APPROVAL: _____

FOR ADMINISTRATIVE USE ONLY:

LOG #: _____	DATE AND TIME: _____
ERP REQ #: _____	Req. Description: _____
Pcard Trans #: _____	Reconciled: _____
Order Conf #: _____	Journal #: _____