

# PURCHASE REQUISITION/ORDER

Date: \_\_\_\_\_

Req #: \_\_\_\_\_

PO #: \_\_\_\_\_

Please Rush -- Ok To Ship Next Day Delivery  
 Call me with the PO# (no need to fax order to vendor)

**SHIP TO (Requestor)**

**VENDOR Name, Address**

PI's Name:  <b>YOUR Name:</b>  CROET LAB Room Number:	Phone#: Fax#:
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Line Item No.	Catalog No.	Description - Complete description required Use continuation sheet as necessary	Required Delivery Date (Please fill in)	Unit of Measure (i.e., ea, case, box)	Qty	Price per Unit of Measure	Total Price
<b>Total</b>							

**NOTE:** If you are ordering equipment costing *more than \$500 that will last 2 years or more*, please state where the equipment will be kept. If the item will be added to another piece of equipment already at CROET or if the new equipment is a replacement, please describe that as well. Write this information on one of the lines above.

	GRANTS (GCROE)	NON-GRANTS	EXPENDITURE TYPE (lab supplies; radioactive, equipment,; maintenance repair)	PRICE
Line Item No.	PROJECT NUMBER	FACULTY, START-UP, or CORE FACILITY ACCOUNT ALIAS		

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Fiscal Authority
Date
PI Signature (if needed)
Date