

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: YOUR Name: 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
Total							

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		

Fiscal Authority
Date
PI Signature (if needed)
Date