

# 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.
 

\_\_\_\_\_

\_\_\_\_\_