

Department of Biology Request for Purchase

Your Name: _____ Professor: _____ Date: _____

Research Teaching Office Other Course Number: _____

*** Reason for purchase (Why order/item is needed):** (Note: order will not be placed without this info.)

Date required: _____ Account Number: _____

Suggested Vendor: _____

Contact Info (phone/fax # or web site): _____

Item #	Catalog #	Item Description	Quantity	Unit	Unit Price	Total Price

Notes / Special Instructions (Quote #/Sales Rep/etc):

Standard shipping

Overnight/express shipping

Shipping _____

Ice _____

Hazardous Cargo _____

Other _____

Total Order: _____

Office Use Only

Customer #: _____ PO# _____

GL #: _____ Confirm #: _____

Other: _____ Date Ordered: _____