## **ECCO Center**

Kate Gleason College of Engineering Purchase Requisition

This form is to be used for purchases made with the Purchasing card from the ECCO Office or to request reimbursement for project purchases.

		Multi-Discipli	nary Rob	ootics Club			
	]	Project Name	•		Project Team Number		
Vendor:				CompressorsDirect			
Vendor Contact:							
Vendor Address:							
Vendor City/State/Zip							
Vendor Phone Number:				(866)-437-8002			
Vendor Fax Number:							
Vendo	or Ema	il:		service@aircompressorsdirect.com			
	1 _		T =			T	
Item	Qty	<u> </u>		Unit Price	Extended Price		
1	1		VIAIR 9	00C Compressor	\$83.95	\$83.95	
2							
3							
4							
5							
					Sub-total	\$83.95	
Handling:   ✓ Standard   ☐ UPS 2-Day   ☐ Fed-Ex   ☐ UPS Overnight   Amount						<del>-</del>	
Total							
Student requester name and email (print): Alex Burbano arb8590@rit.edu						Date: 10/3/21	
Reviewed by team purchasing agent (print) (if applicable):						Date:	
Faculty Approval: Ferat Sahin						Date:	
Financial Approval by ECCO Office:						Date:	
Account Number: <b>01.63100.xxxxx.10.26006.00000</b>						Buiei	
Special Instructions:							
•							
OFFIC	E USE	ONLY					
Order Entered By and Date  Date Order Received						ived/ Initials	
□ Complete						☐ Partial	
					_ complete	I WILL	
Special	Notes	(backorders, pa	rtial order	r received):			