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-Disciplina | ry Robotics 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: | | | |
| Vendor Email: | service@aircompressorsdirect.com | | |
| | | T | <u> </u> |
| Item Qty Part Number Detail | ed Description | Unit Price | Extended Price |
| 1 1 VIAIR | 90C Compressor | \$83.95 | \$83.95 |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| | | | |
| 5 | | | |
| | | Sub-total | \$83.95 |
| Handling: □ Standard □ UPS 2-Day □ Fed-Ex □ UPS Overnight Amount | | | \$0 |
| | | Total | \$83.95 |
| Student requester name and email (print): Alex Burbano arb8590@rit.edu | | | Date: 10/2/21 |
| Reviewed by team purchasing agent (print) (if applicable): | | | Date: |
| Faculty Approval: Ferat Sahin | | | Date: |
| Financial Approval by ECCO Office: | | | Date: |
| Account Number: 01.63100.xxxxx.10.26006.00000 | | | Date. |
| Special Instructions: | 0.20000.00000 | | |
| special instructions. | | | |
| OFFICE USE ONLY | | | |
| Order Entered By and Date Date Order Rece | | | ived/ Initials |
| | | Complete | ☐ Partial |
| Special Notes (backorders, partial order received): | | | |