ORDER REQUEST FORM

**For:** Dr. Tony Kong **Ext:** 445-0129 **Date:** 10/14/2016

**Order type:**

 **Purchase Requisition (****R,**  **Q,**  **I)**

 **Reimbursement (billhead, travel & business expense, petty cash)**

* **Other:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supplier:** | Promega Corporation | **Attn:** | Davit Sargsyan  732-766-5449 |
| **Address:** | 2800 Woods Hollow Road  Madison, WI 53711 USA | **Billing address:** | Rutgers University  Disbursement Control, Rm. 302  65 Davidson Rd.  Piscataway, NJ 08854 |
| **Phone:** | (800) 356-9526 | **Ref #:** |  |
| **Fax:** |  | **Quotation Date:** | 10/14/2016 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Quantity | **Item Number** | **Description, Size** | **Unit cost** | **Total cost** |
| 1 | Cat.# E4030 | Luciferase Assay System | $105.00 | $105.00 |
|  |  |  |  |  |
|  |  |  | Total | $105.00 |

Account # 266729 (??)

Account Name: Pharmaceutics

Radioactivity: No

RUSH: 

**CONFIRMING ORDER**

**PO Number**:

**Fund Approval # (for orders over $1000):**

**Reference #:**

**Expenditure Approval**:

A.-N. Tony Kong