

PURCHASE REQUEST

REQUISITIONER & EMAIL: _____

DELIVER TO (Room, Bldg., Extension): _____

SPEEDTYPE & ACCOUNT # : _____ DATE: _____

<u>ACCOUNT NUMBER (previously EXPENSE CLASSIFICATIONS)</u>			
531100	Stationery & Office Supplies	534100	Visitor Travel
531200	Laboratory & Research Supplies	534200	Faculty & Staff Travel
531260	Minor Expendable Equipment	534300	Registration Fees
531400	Food Service & Supplies	534310	Lecture Fees
531600	Catalogs & Publications	535300	Communications -POSTAGE
531700	Books, Periodicals, Bindings	536200	Major Equipment (= , > \$5,000)
533200	Consulting	541100	Maint., Materials & Supplies
533730	Other Purchases (Outside)	543100	Equipment Repair - Contract
533800	Sub-Contracts	543200	Movable Equipment Repair

NAME OF VENDOR:

ADDRESS: _____

CITY, STATE: _____ ZIP CODE: _____

TELEPHONE NO.: FAX NO:

ATTENTION:

CONTROLLED SUBSTANCE **PRESCRIPTION DRUG**

<i>Can this be ordered online?</i>	YES	NO	<i>If yes, list website:</i>

<i>Will this company accept a credit card order?</i>	YES	NO

SHIP TO ARRIVE: Attachment? (quote or drawing) YES NO

***SPECIAL INSTRUCTIONS:**

[illegible]

TOTAL AMOUNT

FACULTY APPROVAL:

DEPT/RESEARCH APPROVAL: _____

FOR ADMINISTRATIVE USE ONLY:

LOG #: _____ DATE AND TIME: _____

ERP REQ #	Req. Description:

Pcard Trans #:	Reconciled:
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Order Conf #:	Journal #
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