Course Purchasing Request Form

Course i u	i chasing	request i oi iii					
Requestor:				Med	chanical En	gineering	
Date:					Carnegie Mello	n University	
Email:				5000 Forbes Avenue, Wean Hall Pittsburgh, PA 15213			
Phone Number:							
Vendor:			Phone: 412-268-2500 Fax: 412-268-3348 www.cmu.edu/me				
Contact Name:			Professor:			.mu.euu/me	
Email:			Account:				
Address:			Ship To:				
City, State, Zip:			Needed by:				
Country:			Professor Ap	nroved?		○ No	
Phone:				Hazardous Material?		○ No	
Website:			Purchase > \$	chase > \$2500?		○ No	
			Quote Attac	hed?		\bigcirc No	
Part#	Description also include a DIRECT link to the item on webpage.		Quantity	Unit Price	Total		
	Besonption		10	,			
Justification for Purchase:				Sub-total:			
				Shipping:			
				Grand To	tal:		
Notes:				SUBMIT A	ALL REQUES	TS TO:	
IVULES.				MechE Purchasing			
			n	ne-purchasi	ng@andrev	v.cmu.ed	

updated 8/23/2021