## **Purchasing Request**

i di Cilasiii	g nequest					
Requestor:				Med	chanical En	nineerina
Date:			•		negie Mellon	
Email: Phone Number:			5000 Forbes Avenue, Scaife Hal Pittsburgh, PA 15213 Phone: 412-268-2500			
Contact Name:			Professor:		www.	cmu.edu/m
Email:			Account:			
Address:			Ship To:			
City, State, Zip:			Needed by:			
Country:			Professor App	proved?	○ Yes	<ul><li>No</li></ul>
Phone:			Hazardous M		○ Yes	<ul><li>No</li></ul>
Website:			Purchase > \$3	3,000?	○ Yes	<ul><li>No</li></ul>
			Quote Attach	ed?	○ Yes	<ul><li>No</li></ul>
Part#		Description		Quantity	Unit Price	Total
Justification for	Purchase:			Sub-total	:	
				Shipping:		
				Grand To	tal:	
					•	
Notes:						
				Subn	nit by Emai	I
				me-purc	hasing@andrev	v.cmu.edu

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