

PHYSICS, ASTRONOMY AND NCMN

PURCHASE REQUISITION

SUGGESTED VENDOR

NAME, COMPANY

STREET ADDRESS

CITY, STATE, ZIP

HOW IS PURCHASED USED FOR THIS RESEARCH PROJECT

PHONE # **FAX #**

CONTACT NAME/PHONE

INTERNET ADDRESS

REQUIRED DELIVERY DATE (MONTH/DAY/YEAR)

FOR OFFICE USE ONLY

DOCUMENT

CARDHOLDER

CONFIRM. No.

Date Ordered

Date Rec'd

Date Auth Pay

Shipping Method

| GL #/Cost Element | AMOUNT |
|-------------------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| PART NUMBER | SHORT TEXT/DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | TOTAL PRICE |
|-------------|----------------------------------|----------|------|------------|-------------|
| KPT-1 1/2 | 1 1/2 inch x 36 yds, Kapton Tape | 1 | | \$32.90 | \$32.90 |
| | | | | | \$0.00 |
| | | | | | \$0.00 |
| | | | | | \$0.00 |
| | | | | | \$0.00 |
| | | | | | \$0.00 |
| | | | | | \$0.00 |
| | | | | | \$0.00 |
| | | | | | \$0.00 |
| | | | | | \$0.00 |

GRAND TOTAL

COST OBJECT/WBS ELEMENT

TODAY'S DATE

REQUESTOR'S NAME

PHONE #

SUPERVISOR'S NAME

Save & Submit to: papurchasing2@unl.ed

SPECIAL INSTRUCTIONS:

Sheet 1 of 1