

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	<input type="text"/>
CARDHOLDER	<input type="text"/>
CONFIRM. No.	<input type="text"/>
Date Ordered	<input type="text"/>
Date Rec'd	<input type="text"/>
Date Auth Pay	<input type="text"/>
Shipping Method	<input type="text"/>
GL #/Cost Element	AMOUNT

PART NUMBER	SHORT TEXT/DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
DS18B20+T&RCT-ND	SENSOR DIGITAL -55C-125C TO92-3	10		\$4.20	\$42.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
GRAND TOTAL					\$42.00

COST OBJECT/WBS ELEMENT

TODAY'S DATE

REQUESTOR'S NAME PHONE #

SUPERVISOR'S NAME

SPECIAL INSTRUCTIONS:

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