

# UNIVERSITY OF **Nebraska** **PHYSICS, ASTRONOMY AND NCMN** Lincoln **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
19-063-099	Kimberly-Clark Professional™ Kimtech Science™ Precision Wipes™ Tissue Wipers	4		\$10.25	\$41.00
06-677-70	Kimberly-Clark Professional™ Kimtech Science™ Precision Wipes™ Tissue Wipers	4		\$6.20	\$24.80
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
<b>GRAND TOTAL</b>					<b>\$65.80</b>

**COST OBJECT/WBS ELEMENT**

**TODAY'S DATE**



**REQUESTOR'S NAME**

**PHONE #**

**SUPERVISOR'S NAME**

**Save & Submit to:** [papurchasing2@unl.edu](mailto:papurchasing2@unl.edu)

## SPECIAL INSTRUCTIONS:

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