



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
CG15KH1	Precision Cover Glasses, \#1.5H Thickness, 24 x 50 mm, Pack of 100	1		\$36.07	\$36.07
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
GRAND TOTAL					\$36.07

COST OBJECT/WBS ELEMENT

TODAY'S DATE

REQUESTOR'S NAME PHONE #

SUPERVISOR'S NAME



SPECIAL INSTRUCTIONS:

Sheet 1 of 1