



DOCUMENT

CARDHOLDER

CONFIRM. No.

Date Ordered

Date Rec'd

Date Auth Pay

Shipping Method

GL #/Cost Element

AMOUNT

SUGGESTED VENDOR

NAME, COMPANY

Sparkfun Electronics

STREET ADDRESS

6333 Dry Creek Parkway

CITY, STATE, ZIP

Niwot, CO 80503

HOW IS PURCHASED USED
FOR THIS RESEARCH PROJECT

Temperature sensors for construction of ETL cold box

PHONE #

FAX # _____

CONTACT NAME/PHONE #

sparkfun.com

INTERNET ADDRESS

REQUIRED DELIVERY DATE (MONTH/DAY/YEAR)

1/23/2020

GRAND TOTAL	98.75
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COST OBJECT/WBS ELEMENT

26-0521-0189-001

TODAY'S DATE

1/15/2020



Kayla Kremke

PHONE #

402-682-2215

SUPERVISOR'S NAME

Frank Golf

Save & Submit to: papurchasing2@unl.edu

SPECIAL INSTRUCTIONS:

Please email kaylakremke@gmail.com with tracking number if provided