



PHYSICS, ASTRONOMY AND NCMN
PURCHASE REQUISITION

FOR OFFICE USE ONLY

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)

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
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>

PART NUMBER	SHORT TEXT/DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
DS18B20+T&RCT-ND	SENSOR DIGITAL -55C-125C TO92-3	25		\$3.56	\$89.10
					\$0.00
					\$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:**

SPECIAL INSTRUCTIONS:
 Sheet 1 of 1