

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

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
17-100-903	Fisherbrand™ Maximum Protection Disposable Shoe Covers	1		\$173.10	\$173.10
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
GRAND TOTAL					\$173.10

COST OBJECT/WBS ELEMENT

TODAY'S DATE

REQUESTOR'S NAME

PHONE #

SUPERVISOR'S NAME

Save & Submit to: papurchasing2@unl.ed

SPECIAL INSTRUCTIONS:

Sheet 1 of 1