

## PURCHASE REQUEST

PRINT

REQUISITIONER &amp; EMAIL:

DELIVER TO (Room, Bldg., Extension):

SPEEDTYPE &amp; ACCOUNT # :

DATE:

## ACCOUNT NUMBER ( previously EXPENSE CLASSIFICATIONS)

531100	Stationery & Office Supplies	534100	Visitor Travel
531200	Laboratory & Research Supplies	534200	Faculty & Staff Travel
531260	Minor Expendable Equipment	534300	Registration Fees
531400	Food Service & Supplies	534310	Lecture Fees
531600	Catalogs & Publications	535300	Communications -POSTAGE
531700	Books, Periodicals, Bindings	536200	Major Equipment ( = , > \$5,000)
533200	Consulting	541100	Maint., Materials & Supplies
533730	Other Purchases (Outside)	543100	Equipment Repair - Contract
533800	Sub-Contracts	543200	Movable Equipment Repair

NAME OF VENDOR:

**ADDRESS:**

CITY, STATE:

TELEPHONE NO.:

ZIP CODE:

FAX NO:

**ATTENTION:**

**CONTROLLED SUBSTANCE**

**Can this be ordered online?**

**YES**

1

**NO**

7

**PRESCRIPTION DRUG**

**If yes, list website:**

**YES**

7

NO

7

**Will this company accept a credit card order?**

Attachment? (quote or drawing) YES

1

NO

1

**\*SPECIAL INSTRUCTIONS:**

[illegible]

TOTAL AMOUNT	0
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0

FACULTY APPROVAL:

DEPT/RESEARCH APPROVAL:

**FOR ADMINISTRATIVE USE ONLY:**

LOG #:

ERP REQ #

Pcard Trans #:

Order Conf #:

DATE AND TIME:

**Req. Description:**

Reconciled:

Journal #