



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

GRAND TOTAL

COST OBJECT/WBS ELEMENT

TODAY'S DATE



REQUESTOR'S NAME

PHONE #

SUPERVISOR'S NAME

Save & Submit to: papurchasing2@unl.edu

SPECIAL INSTRUCTIONS: