

Purchase Order Request Form (BIOLOGICALS)

(Shaded areas for Purchasing use only)

Date: _____ Purchase Order Number:

Requestor: _____ Bldg: _____ Room No: _____ Phone Ext: _____

Principal Investigator: _____ Budget Code: _____ Dept: _____

Approved By:	9-	
	9-	
Justification Needed? (Circle one) Yes No		

Suggested Vendor: _____

Address: _____

Phone: _____ Fax: _____ Contact: _____

Date Wanted: _____ Shipping Instructions: _____

****Urgent****
Packing slip must be turned in to Purchasing, RH 162, within 3 days of receipt of order.

****DIRECT TO DEPARTMENT****

Comm Codes	Qty	Unit Of Issue	ITEM NAME AND DESCRIPTION <small>(Include manufacturer, name, model or type number and any other identifying information)</small>	Catalog Number	Unit Price	Total Cost

If modifying existing equipment, ADD VALUE to UCI Property Number:	
F.O.B. _____ Ship By: _____ Terms: _____ Delivery Location: _____	
Spoke To: _____ Tax Code: _____ Delivery Date: _____	
Vendor Ref # _____ Buyer: _____ Date: _____	