Purchase Order Request Form (BIOLOGICALS)

(Shaded areas for Purchasing use only)

Date: 05/22/2008 **Purchase Order Number:**

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

Principal Investigator: _____ **Budget Code:** _____ **Dept:** _____

Approved By: 9-

9-

Federal Contract? (Circle one) Yes No

Suggested Vendor: _____

Address: _____

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

Phone: _____ **Fax:** _____ **Contact:** _____

Date Wanted: _____ **Shipping Instructions:** _____

****DIRECT TO DEPARTMENT****

Comm. Codes	Qty	Unit Of Issue	ITEM NAME AND DESCRIPTION (Include manufacturer, name, model or type number and any other identifying information)	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:** _____