

# Purchase Order Request Form

(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-	

Federal Contract? (Circle one)	Yes	No
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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.**

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

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