

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-	

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 180, 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

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: _____	