

# 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: \_\_\_\_\_

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

Date Wanted: \_\_\_\_\_ Shipping Instructions: \_\_\_\_\_

**CHECK BOX IF THIS IS A PRECURSOR CHEMICAL**

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: _____