

Name of Requestor: \_\_\_\_\_

DATE: \_\_\_\_\_

**VENDOR INFORMATION**

Vendor Name: \_\_\_\_\_  
Vendor Contact: \_\_\_\_\_  
Vendor Address: \_\_\_\_\_  
(Needed ONLY if Vendor is a New Vendor)  
Telephone #: \_\_\_\_\_

**ORDER INFORMATION**

Will be purchased with P-Card \_\_\_\_\_ OR Purchase Order \_\_\_\_\_

Will be Picked Up \_\_\_\_\_ Will Be Order and Shipped \_\_\_\_\_

**SHIPPING INFORMATION:** \_\_\_\_\_ GROUND \_\_\_\_\_ 2ND DAY \_\_\_\_\_ OVERNIGHT

ITEM #	QTY.	UNIT	PRODUCT DESCRIPTION	UNIT PRICE	ITEM TOTAL	WILL BE USED FOR:

All purchases must be accompanied with **back-up documentation** - ORDERS PICKED UP should be accompanied with an ORIGINAL RECEIPT  
ORDERS TO BE SHIPPED should be accompanied with a TRANSACTION # OR EMAIL  
CONFIRMATION

**Office Use ONLY - Redistribution Information**

Redistribute to Account Number \_\_\_\_\_

Dr. Ajit Yoganathan \_\_\_\_\_  
Signature and Date

Lab Approval

**Office Use ONLY - PO # Information**

PURCHASE ORDER # \_\_\_\_\_

ITEM#	QTY.	UNIT	DESCRIPTION	UNIT PRICE	ITEM TOTAL	REMARKS

ORDER TOTAL

\$