

Department of Ecology and Evolutionary Biology

Internal Purchase Requisition

PLEASE COMPLETE THE INFORMATION BELOW

Vendor or Payee: _____ Vendor Account #: _____ <input type="radio"/> Quote or purchasing back up attached Address: _____ Website: _____ Phone: _____ Fax: _____	<p style="text-align: center;">Purchasing/Finance USE</p> Date Request Received: _____ Date Logged: _____ Palcard: <input type="radio"/> _____ Card Holder: _____ Trans #: _____ Total Dollar: _____ USE TAX: _____
Requested by: _____ PI/Lab Name: _____ SHIP TO: Ecology & Evolutionary Bio 321 Steinhaus Hall Irvine, CA 92697	Requisition Date: _____ Date Needed:* _____ Delivery Instructions: *ASAP is not a delivery option CIRCLE: Research Instructional Repair Other

Account Name/Account Fund #:	Project Code:	Object Code:	ORG Ref. ID/Org Doc #:	Reviewed by:

*Purpose/Justification: _____

***Please fill each section below - if filled incorrectly, your order may possibly be delayed.**

Qty	*Measure of Unit	Description (Manufacturer, model, etc.)	*Catalog/Item Number	Est. Unit Price	Est. Total Cost
Confirmation/Order #: _____ Notes: _____			Sub Total Freight/shipping Tax: Total:	*Use tax	

APPROVAL BY PI OR AUTHORIZED DESIGNEE: _____

Special Requests: