

Department of Ecology and Evolutionary Biology  
**Purchase Order Requisition Form**

PLEASE COMPLETE THE INFORMATION BELOW

Date: \_\_\_\_\_

Vendor Name: _____	Vendor Phone: _____	Fax: _____
Vendor Address: _____	Salesperson: _____	
	Vendor Website: _____	
Date Needed: _____	Shipping Method:    Overnight        Standard	
Ship To:            Ecology and Evolutionary Biology Steinhaus Hall, room 321 Irvine, CA 92697-2525	Bill To: _____ (Inputted by Purchaser) _____ _____	
Requested By: _____ Phone Number: _____ E-mail: _____		
PI/Lab Name: _____		
Account Name: _____ Account - Fund: _____		
Sub: _____ Obj Code: _____ Project Code: _____		
Purpose:            Research                    Instructional                    Repair                    Other		

Line	Quantity	Unit of Measure	Description	Catalog #	Unit Price	Extended Price
1						
2						
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Comments/Special Instructions: _____ _____ _____	For Purchaser Only } Subtotal: _____ } Tax: _____ } Shipping: _____ } Total cost: _____
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Approval Signature by PI or Designee: \_\_\_\_\_

(For Purchasing Use Only)	PO	PalCard	
PO #: _____			Date Placed: _____
Confirmation/Invoice #: _____			Delivery Date: _____
Additional Comments: _____ _____			