

Purchase Order Request Form

Date: _____ Purchase Order Number:

Requestor: _____ Bldg: _____ Room No: _____ Phone Ext: _____

Principal Investigator: _____ Budget Code: _____ Dept: _____

Approved By: _____

Justification Needed? (Circle one) Yes No

Suggested Vendor: _____

Address: _____

Phone: _____ Fax: _____ Contact: _____



Date Wanted: _____ Shipping Instructions: _____

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: _____	