

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: _____

Date Wanted: _____ Shipping Instructions: _____

CHECK BOX IF THIS IS A PRECURSOR CHEMICAL

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

| 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 |
|------------|-----|---------------|--|----------------|------------|------------|
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If modifying existing equipment, ADD VALUE to UCI Property Number:

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|--------------------|----------------|-----------------|--------------------------|
| F.O.B. _____ | Ship By: _____ | Terms: _____ | Delivery Location: _____ |
| Spoke To: _____ | | Tax Code: _____ | Delivery Date: _____ |
| Vendor Ref # _____ | | Buyer: _____ | Date: _____ |