Bioengineering Department Purchase Request

Date: _____ *Order Number:* _____
(Office Use Only)

Please Indicate:

_✔_ Purchase Order *(Under $3,000)* _____ Requisition *(Over $3,000)* _____ Campus Order

Vendor:

_____

_____

_____

Vender Phone Number: _____

Principle Investigator: _____ P.I. Initials: _____

Project / Activity Number: _____

Person Requesting Order: _____

Pick Up or Delivery? delivery Call in Order? yes please

Quantity	Unit Size	Catalog #	Description	Unit Cost	Item Cost
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

Total Cost: $0.00

For Office Use Only:

Name: _____

Date: _____

Ref. #: _____

Please drop off at or fax to the MEB bioengineering office: 585-5361.