

**PURCHASE REQUISITION UAF CNSM - ESTES**

Vendor Information: \_\_\_\_\_

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

Ordered by: \_\_\_\_\_

Shipping Method: \_\_\_\_\_

Ordered for: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Principal Investigator

Fax Number: \_\_\_\_\_

**Attached Back Up**



Qty	Unit	Unit Price	Full Description	Mfg/Part #	Ext. Price	Received
			Shipping/Handling			

Total \$ \_\_\_\_\_

Corrected Total due to shipping \$ \_\_\_\_\_

\*\*Grey areas are for office use only\*\*

Fund/Org	Acct	Paid Amt.

Hazmat Cleared/Dept: \_\_\_\_\_

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

PO No: \_\_\_\_\_

Date	\$ Amount
Pathway Cleared: _____	

X = Banner Cleared

All Items Received:

Invoicing from Vendor: