VPR Purchase Request / Direct Pay

Date of Request: _____

Please return packing slips & invoices to the person you placed the order with.

Please fill out ALL information (Incomplete fields may delay your order!)

Requested by: _____ (Name) Office Location: _____ (Building & Room Number) Phone No: _____ Email: _____

PI Authorization: Name: _____ Signature: _____ Project/Fund No.: _____ Org. No.: _____

Financial Mgr: Name: _____ Signature: _____ Program No.: _____ Actv. No.: _____

Vendor Information

(A vendor quote or web printout (with item pricing) is REQUIRED for all vendors)

Name: _____ Federal ID/RIN.: _____

Address: _____ City, State, Zip: _____

Phone No.: _____ Fax No.: _____

Website: _____ Quote No.: _____

US Citizen? O Yes O No Country of Citizenship: _____

Purpose of this purchase:

	Y	N
Personal reimbursement? *under $100 use Petty Cash form	O	O
Basic research?	O	O
Cost Sharing?*	O	O

*if Cost Sharing, to which Project & describe how it supports the project:

Admin. Rec	Admin. Inv	Catalog No.	Description – Part no., size, color, etc. (be specific)	Category*	Acct. Code	Lab/ Room #	Qty.	Unit (ea/pk/cs)	Unit Price	Item Total
O	O								3.00	0.00
O	O									0.00
O	O									0.00
O	O									0.00
O	O									0.00
O	O									0.00
O	O									0.00
O	O									0.00
O	O									0.00
O	O									0.00
O	O									0.00
O	O									0.00
									Subtotal:	0.00
									Shipping:	
									Order TOTAL:	0.00

SPECIAL ORDERING INSTRUCTIONS: *for Equipment/component parts, provide equipment name, manufacturer, serial #, and RPI tag #.

Deliver to: _____ (Name, Building, Room #)

Shipping Instructions: _____ (Overnight, Standard, 2nd Day Air, etc.)

Requisition Date: _____ - Admin Use Only - Requisition No.: _____ - Admin Use Only - Purchase Order Date: _____ - Admin Use Only - Purchase Order No.: _____ - Admin Use Only -