College of Biological Science - Purchasing & Financial Transaction Request Form

Name: _____ Ext. _____ Date: _____

Approved By: _____ / _____ Ext. _____

Authorized Signature Print Name

Orders of $3000 or more require Dean / Chair Signature:

_____

Authorized Signature

Supplier: _____ Phone: _____

Address: _____ Fax: _____

_____ Quote # _____

BIOBAR ☐ **RADIOACTIVE** ☐ **AUP/Permit #** _____

QUANTITY	CAT #	DESCRIPTION	UNIT PRICE	AMOUNT	STATUS/INV#

Ship To Dept. _____

Room _____

Building _____

Attention: _____

Comments:

	Dry Ice/Hazardous
	Shipping and Handling
$0.00	SUB TOTAL
$0.00	HST 13.00%
$0.00	GRAND TOTAL

Date Ordered _____ **Ordered by** _____

Contact _____ **Paid with P.O.** ☐ **Visa** ☐

Conf/Ref # CBS

Delivery _____

Courier Fedex ◯ Purolator ◯ DHL ◯

FUND	UNIT	GRANT/PROJECT	OBJECT	AMT %

Return complete form to Clerk.
A copy will emailed to you when complete by clerk

◉ RESEARCH ◯ TEACHING ◯ BOTH

Submit