

College of Biological Science – Purchasing & Financial Transaction Request Form

Requestor Name: _____ Lab Name: _____ Ext. _____ Date: _____

*Authorized Signature

Ext. _____

Supplier: _____ Phone: _____

Address: _____ Fax: _____

Quote # _____

Clerk Name: _____ BIOHAZARD _____ BIOBAR _____ RADIOACTIVE _____ AUP/Permit # _____

QUANTITY	U of M	CAT #	DESCRIPTION	UNIT PRICE	AMOUNT	STATUS / INV#

Ship To Dept.: _____
 Room: _____
 Building: _____
 Attention: _____

	Dry Ice / Hazardous
	Shipping and Handling
	SUB TOTAL
	HST
	GRAND TOTAL

Date Ordered _____ Ordered by _____
 Contact _____ Paid with P.O. Visa
 Conf/Ref # _____
 Delivery Courier FedEx Purolator DHL

FUND	UNIT	GRANT / PROJECT	OBJECT	AMT %

RESEARCH
 TEACHING
 BOTH
 SUBMIT