

College of Biological Science – Purchasing & Financial Transaction Request Form

Requestor Name: _____ LabName: _____ Ext. _____ Date: _____

*Authorized Signature

Ext. _____

Supplier: _____ Phone: _____

Address: _____ Fax: _____

Quote # _____

HECHMET BIOHAZARD BIOBAR RADIOACTIVE AUP/Permit #

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

Additional Comments

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
 ST