

**College of Biological Science – Purchasing & Financial Transaction Request Form**

Requestor Name: \_\_\_\_\_ Lab Name: \_\_\_\_\_ Ext. \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ / \_\_\_\_\_ Ext. \_\_\_\_\_  
 \* Authorized Signature          Print Name

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**