Clear Form

PURCHASING WORKSHEET

PO #:_____

Date Input:_____

VENDOR INFORMATION

Name _____
Address_____
_____
_____
Phone _____
Fax _____
Federal Tax ID_____

SHIPPING INFORMATION

(if other than dept.)_____

Contact Person_____

Quote from_____

Index #	Catalog #	Qty.	U/M	Description	Unit Price	Total
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
				SHIPPING COSTS		
				Total Cost .		$0.00

TERMS OF PAYMENT: ☐ Net 30 ☐ Other:_____

FOB CODE: ☐ Ship Point ☐ Other:_____

Expenditure Account Codes:

☐ 20102 – General Operating Supplies
☐ 20103 – Laboratory Supplies
☐ 20200 – Minor Equipment
☐ 20201 – Computer (non capital equip)
☐ 20202 – Software
☐ 20219 – Inventory Items under $5000
☐ 20203 – Printers (non-capital)
☐ 23501 – Equip Main & Repairs
☐ 24001- Equip Rental & Lease
☐ 25010 – Compressed Gases
☐ 40101 – Capital Equipment
☐ Other - _____

Equipment:
Serial Number _____
Location _____
Date Received _____

Approver _____
Called in Order _____
Online Order _____
Faxed in Order _____

Requestor:_____