

CHEMISTRY DEPARTMENT PURCHASING FORM

Requested by: _____

Date: _____

Order date: _____ Ordered by: _____

Check correct box
enter account info below

Vendor:	Cat #:	Description:	Price:	P-card	State Acct:	Found ation:	P.O.:

TOTAL:
SHIPPING COST
TOTAL COST

SHIPPING METHOD: _____

ACCOUNT INFORMATION

Staff:

If ordered by P-Card-

Chartstring entered in Payment Net (y/n) _____

Department Transfer (y/n) _____ Date: _____

Faculty: (if ordered by State or Foundation Monies):

State P.O. Number: _____

Foundation Account#: _____

State Account Chartstring: _____

STORAGE INSTRUCTIONS:

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