

**Pharmaceutical and Biomedical Sciences
EQUIPMENT ORDER FORM**

Account Number _____

Quote Number _____

Account Name _____

Date: _____

Date Needed: _____

VENDOR INFORMATION

Vendor Name: _____

Deliver To

Address: _____

Bldg _____

Room # _____

Lab# _____

City: _____

State/Province: _____ Zip/Postal Code _____

Phone Number: _____

Fax Number: _____

Person Placing Order _____

Item/Part #	Description	Quantity	Unit Price	Amount

Total: _____

Purpose of Purchase: _____

Requested By: _____

Authorized By: _____

The items requested above are for official University business.

Note: Department/Unit Administrative Staff will make a determination about the mode of purchase (E-purchase or P-card).