PHYSICS, ASTRONOMY AND CMRA

PURCHASE REQUISITION

FOR OFFICE USE ONLY

DOCUMENT

CREDIT CARD

CONFIRM. No.

Date Ordered

Date Rec'd

Date Auth Pay

Shipping Method

GL #/Cost Element	AMOUNT

SUGGESTED VENDOR

NAME, COMPANY

STREET ADDRESS

CITY, STATE, ZIP

HOW IS PURCHASED USED FOR THIS RESEARCH PROJECT

PHONE # **FAX #**

INTERNET ADDRESS

REQUIRED DELIVERY DATE (MONTH/DAY/YEAR)

PART NUMBER	SHORT TEXT/DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
				GRAND TOTAL	

COST OBJECT/WBS ELEMENT

TODAY'S DATE

REQUESTOR'S NAME **PHONE #**

SUPERVISOR'S NAME

Save & Submit to: papurchasing2@unl.edu

SPECIAL INSTRUCTIONS: