INSTAAR REQUISITION FORM

Account(s) to be charged:

Name (vendor or person to be reimbursed):

Address :

Phone: _____ FAX: _____

DATE NEEDED BY:

☐ Already ordered ☐ Ship EXPRESS

☐ Already delivered ☐ To be picked up

Special Instuctions:

Qty.	Cat. No.	Description (If addition to existing equipment please give equipment name or CU tag no.)	Unit Cost	Total Cost

Requested by: _____ Phone: _____ Date: _____

Authorized by: _____ Date: _____

(MUST be signed by PI or RP-person responsible for account.)

OFFICE USE ONLY:

Order Placed Date: _____ Paid Date: _____ $ _____

☐ phoned ☐ faxed _____ _____

Name: _____ Ref #: _____ _____

PO#:

Distribution: Submit all copies to INSTAAR Purchasing Technician (Pink returned to PI/RP when ordered; yellow returned to PI/RP when paid).