

Purchase Request Form

Biology & Neuroscience

PO or P-Card#

Order Date

Requestor name:

Date of request:

Extension or cell #:

Student or N/A *

Deliver to MBH #:

Live or perishable?

Date needed:

Shipping Method: ☐ standard ☐ 2-Day ☐ Overnight

☐ Pay extra to arrive by (date):

* ☐ Adviser has reviewed and approves purchase

EDORDA STRING:

Entity	Department	Object	Restriction	Designation	Activity
311	☐ 2110 (Biology) ☐ 2140 (Neuroscience) ☐ 2909 (SRPS) ☐ 2902 (Start Up) Other:	☐ 54200 (Supplies) ☐ 54000 (Equipment) Other:	☐ 10	Designation or N/A: Grant or Fund Name:	

VENDOR INFORMATION:

VENDOR:

Phone # or N/A:

(If quote, please attach pdf of quote)

Special Instructions:

If quote, #

Ordering everything on quote?

Same quantities?

ITEM #	DESCRIPTION AND SIZE (e.g. 6/pack, 1L, 10 mg)	UNIT (ea, case)	QTY	UNIT PRICE	leave blank
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

☐ Continued page 2 (page down for additional lines). If a large quote (>6 items), you may write "see quote" on line 1, and mark items and quantities needed directly on quote.

CONFIRMING:

Order Date:

Ship Date:

Customer Rep:

Delivery Date:

Customer #

Order #

NOTES:

SUBTOTAL:

Shipping:

Other:

TOTAL:

☐ Invoice or P-card log

☐ Orders Log

☐ Stockroom notified

☐ Excel

☐ Order complete

Requestor name: _____ Vendor _____

	ITEM #	DESCRIPTION AND SIZE (e.g. 6/pack, 1L, 10 mg)	UNIT	QTY	UNIT PRICE	leave blank
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						

☐ Invoice or P-card log ☐ Orders Log ☐ Stockroom notified ☐ Excel ☐ Order complete

Please submit completed for to Carrie Donohue, MBH 143, cdonohue@middlebury.edu