

**The University of Texas at Austin
PURCHASE REQUEST FORM**

Use "Tab" key to tab into fields or use mouse to click into field. Do not use "enter" key. Leave blue shaded areas blank.

Date:	Division/Area:	Dept. Req. #: _____
Authorized by:	10 Digit Acct#:	UT PO #: _____
Requested by:	Professor:	Vendor Order #: _____
Phone #:	Course #:	

TYPE OF ORDER:

Urgent

Routine

Date Needed:

Safety Office Approval

Safety Auth #

Radioactive

SHIP TO:

GEA Room# : _____

PAI Room#: _____

SEA Room#: _____

ARC Room#: _____

DPI Room#: _____

SPECIAL INSTRUCTIONS:

VENDOR:	VID/EID: _____
Address:	Vendor Contact: _____
	Contact Email: _____
Phone #:	CAS# (Chemical Abstract Services #) _____ (if applicable)

Cat/Item/Part#	DESCRIPTION OF ITEMS	QTY	UNIT	COST (per item)	TOTAL

Staff Notes:	Sub Total:
	Shipping:
	Handling:
ETA:	TOTAL: