Clear Form

The University of Georgia

College of Public Health

PURCHASE REQUEST WORKSHEET

OFFICE USE ONLY
Date order placed:
Placed via:
P.O. Number:

REGULAR ☐	TODAY'S DATE:
EMERGENCY ☐	REQUESTOR NAME:
(Please enclose justification)	DELIVERY ADDRESS:
SUPPLIES ☐	
EQUIPMENT ☐	PHONE NUMBER:

ACCOUNT NUMBER:
ACCOUNT NAME:
DATE NEEDED (NOT ASAP):

PLEASE PROVIDE THE FOLLOWING VENDOR INFORMATION

VENDOR COMPANY NAME:	SALES / CUST. SERVICE CONTACT NAME:
VENDOR ADDRESS:	VENDOR PHONE:
	VENDOR WEBSITE:

PLEASE PROVIDE THE FOLLOWING INFORMATION ON THE ITEMS YOU WISH TO PURCHASE FROM THE VENDOR LISTED ABOVE. ***YOU MUST INCLUDE ANY APPLICABLE SHIPPING COST.***

CAT./ITEM No.	DESCRIPTION OF ITEM	QUANTITY	UNIT PRICE	EXTENDED
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
			SUB-TOTAL=	$0.00
			SHIPPING=	
			TOTAL=	$0.00

If possible, please include item information printed from the vendor website. If more space is needed to request items from the vendor listed above, please attache a second page to this form.

Approved by: _____ Date: _____

Rev. 2007/10