

# PURCHASE REQUEST

## Department of Chemistry, MSU

Date: \_\_\_\_\_ Professor's Signature: \_\_\_\_\_

Requester's Name: \_\_\_\_\_ Account (FUND): \_\_\_\_\_

Requester's Net ID: \_\_\_\_\_ Lab Name/ No: \_\_\_\_\_

Shipping Preference: \_\_\_\_\_ Head/Manager Signature: \_\_\_\_\_

VENDORS (COMPETITIVE QUOTES ARE REQUIRED FOR ALL ORDERS OVER \$5,000, BUT LESS THAN \$50,000)

VENDOR 1: \_\_\_\_\_ VENDOR 2: \_\_\_\_\_

WEBSITE 1: \_\_\_\_\_ WEBSITE 2: \_\_\_\_\_

### JUSTIFICATION

**(REQUIRED) State the benefit/need and how this relates to the project/lab/department.**

Catalog	Description	Size	Qty	Cost	Total Cost
QTY TOTAL:				TOTAL:	

**Billing:**  
310 President Circle  
PO BOX 5307  
Mississippi State, MS 39762  
orders@chemistry.msstate.edu  
662-325-3584

**Shipping:**  
405 E Garrard Rd  
STOP 9573  
Starkville, MS 39759  
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**Other:**