PURCHASE REQUEST

Department of Chemistry, MSU

Date: _____ Professor's Signature: _____

Requester's Name: _____ Account (FUND): _____

Requester's Net ID: _____ **PI Name/Lab #**: _____

Shipping Preference: STANDARD Head/Manager Signature: _____

VENDORS (COMPETITIVE QUOTES ARE REQUIRED FOR ALL ORDERS OVER $5,000, BUT LESS THAN $50,000)
Only Put Second Vendor as a Quote Option ONLY

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
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
			QTY TOTAL:	0	TOTAL: 0.00

BILLING:

310 President Circle
POX 5307
Mississippi State, MS 39762

SHIPPING:

405 E Garrard Rd.
STOP 9573
Starkville, MS 39759

OTHER: