INTEGRATIVE BIOLOGY DEPARTMENT – PURCHASE ORDER, SERVICE AGREEMENT, AND CONSULTING SERVICES - REQUISITION FORM

Submit completed form to: IBPurchasing@austin.utexas.edu

(***Please Print or Type***)

***(Office Use Only)***

Order Reference #:

Notes:

Delivery Date Desired:

Freight:

City/ State/ Zip:

Delivery Date:

Contact Name:

Street Address or PO Box:

UT Customer ID #:

Vendor Phone #:

PO#:

Vendor Name and EID:

Requisition #:

Requisition Date:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item #** | **Catalog #** | **Item/Description/Scope of Work** | **Qty.** | **Unit** | **Unit Price** | **Extension** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| TOTAL |  |

Authorized Signature Required:

Account #:

***Your signature constitutes authority to release this***

***order.***

|  |
| --- |
| Requestor Name: |
| Professor/Lab Name: |
| Radioactive #: |
| Building & Room #: |
| Phone #: |