

## Institute of Technology Purchase Request Form

Date Submitted: \_\_\_\_\_ Date Received: \_\_\_\_\_

Requested by: \_\_\_\_\_ Phone/email: \_\_\_\_\_

Name of Account: \_\_\_\_\_

Account String – Fund: \_\_\_\_\_ Dept ID: \_\_\_\_\_ Program/Project: \_\_\_\_\_ Account: \_\_\_\_\_

CF1: \_\_\_\_\_ CF2: \_\_\_\_\_ Fin EmplID \_\_\_\_\_ Cost Share: \_\_\_\_\_

Sample Account string: Fund 1000, DeptID 20211, Acct 712330, Prog 24005, EmplID 9221100

Ship To: \_\_\_\_\_ **Allow three (3) days for approvals. Be aware of tax exempt status rules.**

Quantity	Unit	Description (give part #s & other details)	Cost/Unit	Total Cost	Rec'd(X)
		Shipping and Handling		\$	
		Estimate Total Cost		\$	

**Vendor Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Justification:** **Who** (will be affected/benefited by this purchase) \_\_\_\_\_

**What** (is being purchased-if this is not clearly specified above) \_\_\_\_\_

**Where** (did/will the item(s) be located) \_\_\_\_\_

**When** (is/are the item(s) needed) \_\_\_\_\_

**Why** (is this purchase necessary) \_\_\_\_\_

**How** (does this purchase benefit the account being charged) \_\_\_\_\_

**Comments/Special Instructions:** \_\_\_\_\_

**Signatures:** Accountant \_\_\_\_\_ PI, Co-Pi, Project Coordinator \_\_\_\_\_

PI Empl ID: \_\_\_\_\_ System REQ/PO# \_\_\_\_\_