

UStores Purchase Request

Date: _____

Your Name: _____

Your Email: _____

Your Professor: _____

Project or Account Name: _____

CUFS # (if available): _____

UStores#	Description (give part #s & other details)	Quantity	Cost

Provide your purchase justification by answering Questions 1-6 below (MANDATORY).

(1) Who (will be affected or benefitted by this purchase)	
(2) What (is being purchased)	
(3) Where (will the item be located or utilized)	
(4) When (for how long is the item(s) needed)	
(5) Why is this purchase necessary	
(6) How does this purchase benefit the account that is being charged	

For Office Use Only

Requisition #	Fund	DeptID	Program	Project	Empl ID
PO #	Account	CF1	CF2	CS	