

# Materials Sciences Division Purchase Requisition

Requester's Name:	E-mail:	Phone Number:	Bldg:	Rm:
Buyer's Name:	Project No.:	Cost Not To Exceed:	Req. No.:	Req. Date:
Approved By Investigator				Date Needed:
<b>Vendor/Seller:</b> _____ _____ Street _____ City State Zip Code (____) _____ (____) _____ Phone Number Fax Number		<b>Deliver to:</b> _____ <b>Bldg./Room:</b> _____ <b>Notify:</b> _____ <b>Ext:</b> _____		

**CATEGORY REVIEW- At least one box must be checked**

<input type="checkbox"/> Arch-Engr Svc	<input type="checkbox"/> Comp-Sftwr	<input type="checkbox"/> Food/Water	<input type="checkbox"/> Isotopes	<input type="checkbox"/> Live Spcmn	<input type="checkbox"/> Plumb Supp	<input type="checkbox"/> Consultant	<input type="checkbox"/> Tools
<input type="checkbox"/> Bio-Agent	<input type="checkbox"/> Construction	<input type="checkbox"/> Fuels/Lub	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Maint Matl	<input type="checkbox"/> Prec-Metals	<input type="checkbox"/> Contract Labor	<input type="checkbox"/> Utility Elec
<input type="checkbox"/> Bio-Cabnt	<input type="checkbox"/> Containers	<input type="checkbox"/> Fume Hoods	<input type="checkbox"/> Lab-Equip	<input type="checkbox"/> Maint Mechl	<input type="checkbox"/> Printing	<input type="checkbox"/> Employ Agency	<input type="checkbox"/> Utility Othr
<input type="checkbox"/> Bldg-Matrl	<input type="checkbox"/> Drugs/Prec	<input type="checkbox"/> Furniture	<input type="checkbox"/> Lab Supply	<input type="checkbox"/> Microwave	<input type="checkbox"/> R&D	<input type="checkbox"/> Freight	<input type="checkbox"/> Vehicles/Parts
<input type="checkbox"/> Chem-Cabnt	<input type="checkbox"/> Electrical-Sup	<input type="checkbox"/> Gas-Cabnt	<input type="checkbox"/> Flow Hood	<input type="checkbox"/> Ofc-Equip	<input type="checkbox"/> Raw Matrl	<input type="checkbox"/> Med/Dent	<input type="checkbox"/> X-ray
<input type="checkbox"/> Chem-Non-Restr	<input type="checkbox"/> Elct-Equip	<input type="checkbox"/> Gas-Non-Rest	<input type="checkbox"/> Laser	<input type="checkbox"/> Ofc-Supply	<input type="checkbox"/> Refrigerants	<input type="checkbox"/> Radiological	
<input type="checkbox"/> Chem-Restricted	<input type="checkbox"/> Electronic-Sup	<input type="checkbox"/> Gas-Hazard	<input type="checkbox"/> Landscape	<input type="checkbox"/> Paint/Coat	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> PSA	
<input type="checkbox"/> Clothing	<input type="checkbox"/> Fab	<input type="checkbox"/> Glove Box	<input type="checkbox"/> Lease-Equip	<input type="checkbox"/> Periodical	<input type="checkbox"/> Safety Eqp	<input type="checkbox"/> Telecom	
<input type="checkbox"/> Comp-CPU	<input type="checkbox"/> Fastners	<input type="checkbox"/> Hdwr-Abrasive	<input type="checkbox"/> Real-Prop	<input type="checkbox"/> Plant-Equip	<input type="checkbox"/> Services/Misc	<input type="checkbox"/> Stores	<input type="checkbox"/> Other Hazards
<input type="checkbox"/> Comp-Hdwr	<input type="checkbox"/> Fstner-Grd	<input type="checkbox"/> Heat/Vent/AC	<input type="checkbox"/> Lease-Own	<input type="checkbox"/> Photo/Xero	<input type="checkbox"/> Advertising	<input type="checkbox"/> Surplus/Ex	<input type="checkbox"/> No Hazards

Item No.	Catalog Number	Item (give name first) List All Necessary Specifications	Qty	Estimated Unit Cost	Total Cost

\*NOTE: PACKING SLIPS ARE REQUIRED TO BE RETURNED TO THE BUYER UPON RECEIPT OF ORDERS.  
FAX ALL REQUISITIONS TO 510-495-2847