

Gulf Coast Research Laboratory

Req#	-1-	PO#
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Purchase Requisition

This is an Internal Requisition Only - Not to be used as a Purchase Order

Budget Authority Signature: _____

Requisitioner's Name: _____

Requisitioner's E-Mail: _____

Preferred Vendor: _____

Ordering Address: _____

City, State Zip: _____

Vendor Telephone: _____

Item #1 =====

Catalog #:		Description:			
Unit of Measure:	Quantity:	Category:	Date Needed:		
Ship to Address (if other than GCRL Receiving Department)		Unit Price: \$			
Shipping is UPS Regular Ground, unless otherwise specified:					
Acct/Item Code:	Fund:	Dept. ID:	Program:	Project/Grant:	Deliver To:

Item #2 =====

Catalog #:		Description:			
Unit of Measure:	Quantity:	Category:	Date Needed:		
Ship to Address (if other than GCRL Receiving Department)		Unit Price: \$			
Shipping is UPS Regular Ground, unless otherwise specified:					
Acct/Item Code:	Fund:	Dept. ID:	Program:	Project/Grant:	Deliver To:

