

PURCHASE REQUEST FORM

Complete this form for all purchases of goods & services that do not qualify for direct pay processes via check request, reimbursement, P-Card, STLS, or other methods R U

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Instructions: For institute or trust accounts, substitute "Program" or "Principal Investigator" with "Account" or "Account Holder".

How to submit completed form: Complete fields below and attach any quotations, budgets, or other pertinent information

Submit Forms to Research and Sponsored Programs: R U V S # F V X H D V W E D \ H G X

1. Program Name _____
 Principal Investigator/Dept _____
 Delivery Address _____
 Telephone _____
 Program Chartfield _____

| Account | Fund | Dept ID | Program | Class | Project |
|---------|------|---------|---------|-------|---------|
|---------|------|---------|---------|-------|---------|

2. Item Type Equipment Good Service Subcontract Other

3. Requested Vendor _____
 Contact Person _____
 Address _____
 Telephone/Fax/Email _____
 Website _____

4. Requested Item(s) Describe item or service. Include manufacturer, model #, size, color, or other pertinent specifications and attach vendor quote for each item. For services, attach a complete statement of work specifying deliverables and due dates

| | | Qty | Unit Price | Total |
|---|--|-----|------------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| Purchase Order Total (before tax & shipping) | | | | |

5. Required Delivery Date (enter due date for item delivery or period for provision of services) _____

6. Program Benefit If item(s) is/are not specifically identified in approved budget, explain how this purchase benefits the program:

7. Sole Source Provide D E U L H I G W V F H R S W B R C cannot be considered for this procurement , I F R V W V H [F H H G \ R X Z
 W R D O V R F R P S O H W H W K L V I R U P K W W S V Z Z F V X H D V W E D \ H G X S U R F X U 0 S O u 0 S O u q

8. Required Quotes , I Purchase order total below \$5,000: attach one written price quote from vendor R U V W D W H P H Q W R I Z R U N

, purchase order total Between \$5,000 - \$49,999: attach three written price quotes from three different vendors R U
 D W W D F K D Q D J U H H P H Q W R U V L J Q H G V W D W H P H Q W G H W D L O L Q J F R V W V D Q G D V V R F L

, I purchase order total \$50,000 or greater, do not obtain price quotes . The University will handle the solicitation process pursuant to open competition requirements X Q O H V V D - X V W L I L F D W L R Q I R U 6 R O H 6 R X U F H R U 6 R

| | | | |
|-----------------------|------|--------------------------|------|
| PI Signature/Approval | Date | ORSP Signature /Approval | Date |
|-----------------------|------|--------------------------|------|