BNPPS PURCHASE REQUEST FORM

Date of Request:

Date Needed:

Requesting PI/Lab:

Phone Number:

Ordered By:

PI'S APPROVAL:

SHIPPING: **Regular** ☐ **2-Day** ☐ **Rush/Overnight** ☐

PURCHASING DEPT ONLY

PO Number: _____

Vendor Confirmation Number: _____

Vendor Contact: _____

Date Ordered: _____

Anticipated Arrival Date: _____

FOR RADIOISOTOPE DELIVERIES PLEASE INDICATE BUILDING AND ROOM NUMBER:

BUILDING: ROOM #:

ACTIVITY

FUND

FUNCTION

COST CENTER

PROJECT CODE

VENDOR NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

QTY	UNIT	ITEM DESCRIPTION	SIZE	CATALOG NUMBER	UNIT PRICE