Instructions:
1. Complete the fields
2. Save the form to your computer and click the SUBMIT button to submit to the Physiology Business Office

SUBMIT

COLLEGE OF MEDICINE TUCSON
Physiology

# Department of Physiology Purchase Order Request Form

**Date:**_____ **Requestor:**_____**Principal Investigator/Lab:**_____ **Date Required:**_____

**Delivery Address:** _____**Attention to:**_____

**Street Address:**_____**Bldg Name:**_____

**Room No:**_____**Contact Phone:** _____

**Email address for Order Confirmation:**_____**KFS Account to charge order to:**_____

**Vendor Name:**_____ **Address or website:** _____

**Vendor Phone:** _____ **Vendor Contact:** _____

**Please list any special shipping instructions here (if applicable):**_____

**CHECK BOX IF THIS IS A HAZARDOUS CHEMICAL** ☐

***Orders over $25,000 require a sole source justification***

| Qty | Unit Of Issue | ITEM NAME AND DESCRIPTION (Include manufacturer, name, model or type number and any other identifying information) | Catalog Number | Unit Price | Total Cost |
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| For Office use only) | |
|---|---|
| Order Received by (Initials)_____ | Order Submitted Date:_____ |
| Email Confirmation Sent to lab? | ☐ Yes ☐ No |
| Order placed via: | ☐ Pcard or ☐ AZ Buyways |