University of Nebraska Lincoln

# PHYSICS, ASTRONOMY AND NCMN

## PURCHASE REQUISITION

| FOR OFFICE USE ONLY | |
|---|---|
| DOCUMENT | |
| CARDHOLDER | |
| CONFIRM. No. | |
| Date Ordered | |
| Date Rec'd | |
| Date Auth Pay | |
| Shipping Method | |

| GL #/Cost Element | AMOUNT |
|---|---|
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**SUGGESTED VENDOR**

NAME, COMPANY

STREET ADDRESS

CITY, STATE, ZIP

HOW IS PURCHASED USED FOR THIS RESEARCH PROJECT

PHONE # FAX #

CONTACT NAME/PHONE #

INTERNET ADDRESS

REQUIRED DELIVERY DATE (MONTH/DAY/YEAR)

| PART NUMBER | SHORT TEXT/DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | TOTAL PRICE |
|---|---|---|---|---|---|
| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
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| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
| | | | | GRAND TOTAL | $ 0.00 |

COST OBJECT/WBS ELEMENT

TODAY'S DATE

REQUESTOR'S NAME PHONE #

SUPERVISOR'S NAME

*Save & Submit to: papurchasing2@unl.edu*

SPECIAL INSTRUCTIONS: