

PRELIMINARY PURCHASE REQUISITION FOR THE E.C.E. DEPARTMENT

(This form will need to be filled out completely or it will be returned.)

DEPT. USE ONLY		Initials
EC	_____	_____
Form #	_____	_____
Date	_____	_____
<input type="checkbox"/>	L.O.C.	_____
<input type="checkbox"/>	Liened	_____
<input type="checkbox"/>	Entered on ReX	_____
<input type="checkbox"/>	Released	_____
<input type="checkbox"/>	Re-released	_____
<input type="checkbox"/>	Faxed to Purchasing	_____

Date: _____

Vendor Name: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Contact/Salesperson: _____

Quote? (y/n): _____ (please attach)

Ordered by: _____ Ext: _____

Date needed (NOT ASAP): _____ E-mail: _____

Where will this equipment be located: Building #: _____ Room #: _____

Please answer the following questions that may apply to this purchase.

- Is purchase an add-on to existing equipment? _____
If yes, what is the UC tag# of the existing equipment? _____
- Is this purchase a new fabrication or part of one? _____
If yes, what is the name of the fabrication? _____
- Please check below if your purchase falls into any of the following categories:
 - Radioactive Materials
 - Lasers (all classes), Radio Frequency and Microwave Equipment
 - X-Ray Machines, Cabinet Radiography, Electron Microscopes
 - Magnetic Resonance Imaging, Nuclear Magnetic Resonance
 - Fire Safety-Extinguishing Systems, Bldg. Security Alarm Systems

Item#	Qty	Unit	Description and Part #	Unit Price	Extended Price

Any special instructions? _____ _____ _____	Total:	_____
	Tax @ 7.75 %:	_____
	Shipping/Ins.:	_____
	Grand Total:	_____*

*NOTE: If purchase meets or exceeds \$50,000, you will have to fill out a "Sole Justification" form along with this. This form is available in the Budget Office. There will be a tax added to this order @ the rate of 7.75 %. All orders are delivered to the ECE Electronics Shop in Room 5106 of Engineering I.



P.I.'s need to complete one section for each account:

Account # 1

Is this purchase in:

1. The account's budget/proposal? yes no
If yes, check one: equipment supplies
What is the line item?: _____

2. Is this under "General Purpose" F.D.P. equipment assurance in the account's budget/proposal? yes no

Account Name & Number _____

P.I.'s Signature/Dept. Approval _____

Account # 2

Is this purchase in:

1. The account's budget/proposal? yes no
If yes, check one: equipment supplies
What is the line item?: _____

2. Is this under "General Purpose" F.D.P. equipment assurance in the account's budget/proposal? yes no

Account Name & Number _____

P.I.'s Signature/Dept. Approval _____

Account # 3

Is this purchase in:

1. The account's budget/proposal? yes no
If yes, check one: equipment supplies
What is the line item?: _____

2. Is this under "General Purpose" F.D.P. equipment assurance in the account's budget/proposal? yes no

Account Name & Number _____

P.I.'s Signature/Dept. Approval _____

Account # 4

Is this purchase in:

1. The account's budget/proposal? yes no
If yes, check one: equipment supplies
What is the line item?: _____

2. Is this under "General Purpose" F.D.P. equipment assurance in the account's budget/proposal? yes no

Account Name & Number _____

P.I.'s Signature/Dept. Approval _____

Account # 5

Is this purchase in:

1. The account's budget/proposal? yes no
If yes, check one: equipment supplies
What is the line item?: _____

2. Is this under "General Purpose" F.D.P. equipment assurance in the account's budget/proposal? yes no

Account Name & Number _____

P.I.'s Signature/Dept. Approval _____

Account # 6

Is this purchase in:

1. The account's budget/proposal? yes no
If yes, check one: equipment supplies
What is the line item?: _____

2. Is this under "General Purpose" F.D.P. equipment assurance in the account's budget/proposal? yes no

Account Name & Number _____

P.I.'s Signature/Dept. Approval _____