

**Division of Animal Resources
 Departmental Order/Requisition
 Speed Type: 0000053592**

Requisition #: _____

PO #: _____

Date Requested: _____

Place Order Pay Reimburse Reconcile Peard Direct Bill

Requested By: _____

Vendor Name: _____

Rush Order? If so, indicate date needed _____ **Address (if new vendor)** _____

Vendor phone: _____

Account # : _____

Vendor fax: _____

Purpose/Explanation:

Product Information to be ordered:						
Item#	Detailed Description of Product	Catalog number	Quantity	Unit size	Unit Cost	Subtotal (Unit Cost x Quantity)
	<i>Pricing must be verified before keying into Emory Express.</i>					
1					\$	
2					\$	
3					\$	
4					\$	
5					\$	
6	Freight (Shipping/Handling)				\$	
7	Hazardous Material Charge				\$	
	Total					

Notes:
