WANT SHEET **0000**

Indiana University
Department of Chemistry

REQUISITION OFFICE USE ONLY
Requisition Number: _____
P.O. NUMBER: _____

DATE:

REQUIRED:

REQUESTED BY:

REQUESTOR'S PHONE #:

ACCOUNT #:

ACTIVITY/PROJECT #:

SUPERVISOR APPROVAL:_____

PREFERRED VENDOR INFORMATION:

NAME:

ADDRESS:

CITY, ST, ZIP:

PHONE #: Fax#:

VENDOR CONTACT:

WILL ITEMS BE USED TO CONSTRUCT EQUIPMENT? YES **NO**

WILL ITEMS BE USED TO REPLACE, REPAIR, OR UPGRADE EXISTING EQUIPMENT? YES **NO**

IF YES, ENTER IU TAG NUMBER OF EQUIPMENT:

SHIPPING INSTRUCTIONS: UPS GROUND 2ND DAY AIR OVERNIGHT

(Shipping charge variations dependent upon shipping point)

Quan./ Unit Size	Catalog or Item #	Description, and Necessary Specifications	Unit Price	Extended Price
			TOTAL	