University of Alaska Fairbanks, Institute of Arctic Biology

Purchase Requisition

Fund	Org.	Acct.	$Amt

IAB Business Office Use Only
Req#/ BPO#
PO#/ Call#/ Enc#
Receiving#

Suggested Supplier:
Address:
Phone:
Fax/E-Mail:
Preferred Shipping Method:
Banner ID (if known):

Ship to:

E-Mail:
Contact Phone #:

Qty	Units (ea, pk, cs)	Catalog #	Description	Date Rcvd	Price Per Unit	Extended Price

Comments/Special Instructions: Quote Attached? Yes___No___
Refrigerate/Freeze? Yes___No___
Chemical Order? Yes___No___ If yes, IAB Safety Officer initials: _____
Are you a US Citizen or Permanent Resident? Yes____ No____

Save completed form to your computer and email to: uaf-iab-logistics@alaska.edu

Subtotal: $

Estimated Shipping:

TOTAL $

Requisitioned by _____
Signature Date

Approved by _____