



INTERNAL REQUISITION

PROCUREMENT SERVICES - FACULTY OF SCIENCE

THIS BLOCK MUST BE COMPLETED

Recommended Supplier: _____

 Phone No. _____
 Fax No. _____
 Quote No.: _____
 Contact: _____

REQUISITIONER: _____ DD: _____ MMM: _____ 20

ACCOUNT NUMBER: 1

F		O		A		P	
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ACCOUNT NUMBER: 2

F		O		A		P	
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 (If Required)

Options: Internal Delivery Hold for Pick-Up Department _____
 Building _____ Lab/Room Number _____
 Contact Name/Number/Email _____

PI Approval: 1 _____ DD: _____ MMM: _____ 20

PI Approval: 2 _____ DD: _____ MMM: _____ 20
 (If Required)

Admin Approval _____ DD: _____ MMM: _____ 20

Required: By Date - (If Applicable)
 DD: _____ MMM: _____ 20

Describe how this purchase is necessary for your research program goals / Comments

Item	Catalogue No.	Qty. Ordered	Qty. Rec'd.	Description	Unit Cost	Total Cost

Procurement Services/Stores Use Only					Item total	
Incoterm/F.O.B.:			Ship Via:		Exchange	
Payment Terms:			Delivery:		Item total CAD	
Delivery Address <input type="checkbox"/> Core Science Facility (CSF) - Loading Bay <input type="checkbox"/> Chemistry-Physics Building - Loading Bay		Order Placed: DD: _____ MMM: _____ 20 Notes:			Freight CAD	
					Sub total CAD	
					HST	
					Total CAD	