

Academy of Natural Sciences of Drexel University
REQUEST TO PURCHASE

To: PURCHASING OFFICE

P.O. _____

Section 1: Vendor Information

Suggested Vendor:
Address:
Telephone #:
FAX #: Contact Person:

Section 2: Department Information

Department:
Requested By - Name & E-mail:
Dept. Phone #:
Dept. Fax #:

Section 3: Delivery Information

Room # / Location Address: Academy of Natural Sciences 1900 Benjamin Franklin Parkway Philadelphia, PA 19103	
Deliver To:	
Today's Date:	Date Required:

Section 4: Information on Item(s) Purchased

Item	Qty	Unit	Vendor Cat #	Description	Unit Price	Extended Price
Total:						

Section 5: Funding Source

Fund Code	Org Code	Acct Code	Actv Code	Cost Center Title	Amount

FAX ORDER TO VENDOR
DO NOT FAX ORDER TO VENDOR

Section 6: Approvals - Print Name, Sign, & Date

Person Submitting Purchase Requisition:
P.I. / Cost Center Administrator:
Director / Dean:
Vice President:

NOTE: If the expenditure relates to a GRANT or CONTRACT, the authorizing signature noted above denotes that the expenditure complies with all applicable cost principles & regulations of the sponsoring entity.