PSYCHOLOGY & PHILOSOPHY DEPARTMENT

REQUEST for PURCHASE

Return the completed form with supporting documentation to the department office.
This form may be completed as a Word document and printed out. Contact the department office to have the form emailed to you.

REQUESTED BY:	
TELEPHONE #:	
EMAIL:	

DATE NEEDED _____

**** Required for Processing ****

Vendor : **NAME**	
Vendor : **ADDRESS**	
City, State, Zip	
CONTACT PERSON	
TELEPHONE #	
FAX #	

ITEM NUMBER	DESCRIPTION	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENSION
				+ SHIPPING	
				ORDER TOTAL	

SPECIAL INSTRUCTIONS:

NOTE: **Please allow a minimum of 5 business days for processing.**
(Additional research may be required.)

FOR OFFICE USE ONLY

Date received: _____ Initials: _____

P. O. #: _____ Date ordered: _____ Initials: _____