

REQ. #

P.O. #

***PURCHASE REQUEST FORM***

Center for Advanced Research in Biotechnology

9600 Gudelsky Drive, Rockville, MD 20850

Phone: (301) 738-6272 Fax: (301) 738-6255

\_\_\_\_\_  
Person Requesting Order\_\_\_\_\_  
Date

SUPPLIER:

PRIORITY:

DELIVER TO:

(Check One)

Name: \_\_\_\_\_

Confirming

Bldg: \_\_\_\_\_

Rush

Room: \_\_\_\_\_

Routine

Ext: \_\_\_\_\_

Special Note:

PHONE NO. \_\_\_\_\_

FAX NO. \_\_\_\_\_

FED ID NO. \_\_\_\_\_

CUST NO. \_\_\_\_\_

CATALOG  
NUMBER

ITEM DESCRIPTION

QTY

UNIT  
OF QTYUNIT  
COSTTOTAL  
COST

FOR OFFICE USE ONLY

Date  
Received

ACCT NO:

\_\_\_\_\_  
Authorization/Date