Astronomy Purchase Request Form

Date Submitted: _____________________________

Requested by: ________________________________________     Phone/email: ___________________________

Principal Investigator/Account Manager (must sign below) :____________________________________________

Account String - required fields:   Fund: ___________ Dept ID: 11092

Program (non-sponsored accts): __________ or Project (grants): __________

Account String – optional fields:

CF1:_______________________  CF2: _________________________ Fin Empl ID____________________

Property ID number (if applicable).____________________ & Equipment category*_________________________

*This affects depreciation cost which now will show up on your expense reports as a contra expense. If this is an equipment purchase (item over $2,500) or a fabrication with a Prop ID number, we need to have the name of the item you are building/buying and categorize it into a general category like spectrometer or radiation detector. See Corinne Komor for a list of equipment categories.

Allow up to three (3) days for processing and approvals. Orders over $10,000 require special handling and may take longer. Orders under $100 are automatically approved by the system. Note that splitting orders to avoid approvals or price comparisons is a serious policy violation.

<table>
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<tr>
<th>Quantity</th>
<th>Unit</th>
<th>Description (give part #s &amp; other details)</th>
<th>Cost/Unit</th>
<th>Total Cost</th>
<th>Rec'd(X)</th>
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Shipping and Handling $ 

Estimate Total Cost $ 

Vendor Name: ________________________________________   Ship to: Room 80 (circle) or alternate:

Address: ______________________________________________

Phone: __________________   Fax: _________________

Email: _________________________________________

Justification: Description of items, what they will be used for (mandatory for all purchases), plus a statement of how the purchase is related to the scope of work of the grant, if grant funds are used.

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Authorized Signature: ________________________________________

PI, Co-Pi, Project Coordinator

This request will be submitted to the accounting staff for final approval—ALLOW 3 DAYS!
You will be notified with any questions.

ALL PACKING SLIPS (or a copy) MUST BE GIVEN TO TERRY THIBEAULT before an invoice can be paid.