

Plant Pathology - Direct Order Request

Incomplete forms may be returned or result in order delays!

Part I: Authorization			
Date		Lab	
Account #		Requested by	
Business Officer (signature required)		Supervisor (signature required)	
Dept. Chair signature (required if over \$1,000)		Additional approver (signature; when required)	
Vendor (check one)	<div> <div>Bio-Rad</div> <div>CDW-G</div> <div>Dell</div> <div>Fisher</div> <div>Grainger</div> </div> <div> <div>Life Technologies</div> <div>Lowes</div> <div>Office Depot</div> <div>Qiagen</div> <div>Sigma</div> </div> <div> <div>UK Supply Center (Stores)</div> <div>VWR</div> <div>Other: _____</div> </div>		
Quote # (attach quote document)			
Business Purpose			

Part II: Product Information					
Product #	Item Description	Qty	Unit	Unit Price	Extended Price
				Order Total*	

Form: 1/20/22

*Indicate approximate order total

For office use only

Date ordered: _____

Cart number: _____