

Plant Pathology - Direct Order Request

Please complete all highlighted fields. Incomplete forms may be returned or result in order delays!

Part I: Authorization			
Date		Lab	
Account #		Requested by	
Business Officer <small>(signature required)</small>		Supervisor <small>(signature required)</small>	
Department Chair signature required for orders over \$500		Department Chair	
Vendor <small>(check one)</small>	CDW-G Dell Fisher Scientific Grainger Office Depot	Life Technologies/Gluck Supply Center Life Technologies/Thermo Fisher UK Supply Center (UK Stores) VWR Other _____	
Quote #			
Business Purpose			

Part II: Product Information						
All information except order total may be included in an attachment.						
Product #	Item Description	Qty	Unit	Unit Price	Extended Price	
				Order Total*		

Form: 2/23/18

*Indicate approximate order total

For office use only

Date ordered: _____

Cart number: _____