Date:_____ **Name**:_____ **Employee ID**:_____ Req #:5-_____

PI's Signature:_____ **Director's Approval**:_____ PO# 5-_____

Purchase Order_____ *Pick up*____ *Mail*____ *Phone In*:____ *Fax*:____ *Long distance ID*_____
IDO_____ **Petty Cash Reimbursement**_____ **Check Reimbursement**_____ *(If over $125.00)*
Work Order_____ **Request for Estimate**_____ **Check Request**_____

Vendor Name and Address:
_____ **Phone #**_____ **Fax #**_____
_____
_____
_____

Quantity	Unit of Measure	Description	Unit Price	Extended Price	Comments
			TOTAL =		

Chartfield Combination

%	Dept Code	Account (object code)	Class	Fund	Program	Project	Former WebFast Acct #