

RUBEL LAB ORDER FORM

OFFICE USE ONLY	
PO #	<input style="width: 150px; height: 20px;" type="text"/>
Date Encumbered:	<input style="width: 150px; height: 20px;" type="text"/>

Budget # Budget Name:

Approved: Amount: \$

Requested by: _____

Phone and e-mail: _____

Date Requested: _____

Receive By: _____

Don't call in order? Check here.

Only current prices and catalog numbers apply. Please do your research.

Quantity	Unit*	Unit Price	Catalog #	Item Description (including size)	General?	Cat
		\$				

*Unit = each, case, box, etc. Categories: C = Chemicals & chemical products; R = Radioactive materials; B = Biological Assays; M = Miscellaneous supplies

NOTE: ALL ORDERS OVER \$10,000 (including tax) must have Sole Source Justification attached.

Vendor: _____

Address: _____

(City/State/Zip)

Comments: e-procurement?

Phone: _____

FAX: _____

Customer No: _____