

**DEPARTMENT OF ASTRONOMY & ASTROPHYSICS
PURCHASE REQUISITION**

Ship to: Department of Astronomy & Astrophysics

14th Floor

McLennan Labs

Purchase Order

No. _____

Purchase Requisition

No. _____

Unloading Point: Room 1403, 60 St. George

Recipient :

Delivery Date:

NAME OF FUND _____

COST CENTER _____

CF CENTER _____

FUND NUMBER _____

G/L ACCOUNT _____

TAX CODE _____

AMOUNT _____

VENDOR NAME: _____

VENDOR ADDRESS: _____

VENDOR PHONE/FAX _____

ATTENTION _____

QUOTATION _____

COMMENTS _____

Qty	Description	Unit Price	Total

Department Contact Name: _____

Telephone Number: _____

Authorized Approval: _____

Signature

Print Name

Title

Date