



PURCHASE REQUISITION

University of Southern Mississippi

Gulf Coast Research Laboratory

Internal Use Only - Not to be used as a Purchase Order

Vendor Name and Address
COMPANY:
STREET:
CITY:
STATE:
PHONE:
FAX #:

DATE:	
REQUESTED BY:	
BUDGET AUTHORITY:	
FUND:	
DEPT ID:	
PROGRAM:	
PROJECT/GRANT #:	

Quantity	UOM	Description	Unit Cost	Extended Cost
TOTAL EXTENDED PRICE				

Is this a legitimate laboratory purchase? _____

How will this purchase support the mission of the agency, project or grant? _____

How did you obtain these Prices? _____

Distribution of PO? FAX Mail Shipping: UPS Regular, unless other wise specified

NOTE: If next day delivery is requested it is the end users responsibility to pay additional charges