

DEPT. USE ONLY

EC _____

Form # _____

PRELIMINARY PURCHASE REQUISITION FOR THE E.C.E. DEPARTMENT

(This form will need to be filled out
completely or it will be returned.)

Date	L.O.C.	Initials
<input type="checkbox"/>	L.O.C.	<input type="checkbox"/>
<input type="checkbox"/>	Liened	<input type="checkbox"/>
<input type="checkbox"/>	Entered on ReX	<input type="checkbox"/>
<input type="checkbox"/>	Released	<input type="checkbox"/>
<input type="checkbox"/>	Re-released	<input type="checkbox"/>
<input type="checkbox"/>	Faxed to Purchasing	<input type="checkbox"/>

Date: _____

Vendor Name: _____

Address: _____ **City, State, Zip:** _____

Phone #: _____ **Contact/Salesperson:** _____

Quote? (y/n): _____ (please attach)

Ordered by: _____ **Ext:** _____

Date needed (NOT ASAP): _____ **E-mail:** _____

Where will this equipment be located: Building #: _____ **Room #:** _____

Please answer the following questions that may apply to this purchase.

1. Is purchase an add-on to existing equipment? _____
If yes, what is the UC tag# of the existing equipment? _____
2. Is this purchase a new fabrication or part of one? _____
If yes, what is the name of the fabrication? _____
3. Please check below if your purchase falls into any of the following categories:
 - a. Radioactive Materials
 - b. Lasers (all classes), Radio Frequency and Microwave Equipment
 - c. X-Ray Machines, Cabinet Radiography, Electron Microscopes
 - d. Magnetic Resonance Imaging, Nuclear Magnetic Resonance
 - e. Fire Safety-Extinguishing Systems, Bldg. Security Alarm Systems

Item#	Qty	Unit	Description and Part #	Unit Price	Extended Price
Any special instructions? _____ _____ _____				Total: _____ Tax @ 7.75 %: _____ Shipping/Ins.: _____ Grand Total: _____*	

***NOTE:** If purchase meets or exceeds \$50,000, you will have to fill out a "Sole Justification" form along with this. This form is available in the Budget Office. There will be a tax added to this order @ the rate of 7.75 %. All orders are delivered to the ECE Electronics Shop in Room 5106 of Engineering I.



P.I.'s need to complete one section for each account:

Account # 1

Is this purchase in:

1. The account's budget/proposal? yes no
If yes, check one: equipment supplies
What is the line item?: _____

2. Is this under "General Purpose" F.D.P. equipment assurance in the account's budget/proposal? yes no

Account Name & Number _____

P.I.'s Signature/Dept. Approval _____

Account # 2

Is this purchase in:

1. The account's budget/proposal? yes no
If yes, check one: equipment supplies
What is the line item?: _____

2. Is this under "General Purpose" F.D.P. equipment assurance in the account's budget/proposal? yes no

Account Name & Number _____

P.I.'s Signature/Dept. Approval _____

Account # 3

Is this purchase in:

1. The account's budget/proposal? yes no
If yes, check one: equipment supplies
What is the line item?: _____

2. Is this under "General Purpose" F.D.P. equipment assurance in the account's budget/proposal? yes no

Account Name & Number _____

P.I.'s Signature/Dept. Approval _____

Account # 4

Is this purchase in:

1. The account's budget/proposal? yes no
If yes, check one: equipment supplies
What is the line item?: _____

2. Is this under "General Purpose" F.D.P. equipment assurance in the account's budget/proposal? yes no

Account Name & Number _____

P.I.'s Signature/Dept. Approval _____

Account # 5

Is this purchase in:

1. The account's budget/proposal? yes no
If yes, check one: equipment supplies
What is the line item?: _____

2. Is this under "General Purpose" F.D.P. equipment assurance in the account's budget/proposal? yes no

Account Name & Number _____

P.I.'s Signature/Dept. Approval _____

Account # 6

Is this purchase in:

1. The account's budget/proposal? yes no
If yes, check one: equipment supplies
What is the line item?: _____

2. Is this under "General Purpose" F.D.P. equipment assurance in the account's budget/proposal? yes no

Account Name & Number _____

P.I.'s Signature/Dept. Approval _____