

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

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

DEPT. USE ONLY		
EC _____		
Form # _____		
Date		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.

- Is purchase an add-on to existing equipment? \_\_\_\_\_  
 If yes, what is the UC tag# of the existing equipment? \_\_\_\_\_
- Is this purchase a new fabrication or part of one? \_\_\_\_\_  
 If yes, what is the name of the fabrication? \_\_\_\_\_
- Please check below if your purchase falls into any of the following categories:
  - Radioactive Materials
  - Lasers (all classes), Radio Frequency and Microwave Equipment
  - X-Ray Machines, Cabinet Radiography, Electron Microscopes
  - Magnetic Resonance Imaging, Nuclear Magnetic Resonance
  - 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.:	
				<b>Grand Total:</b>	

**\*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 \_\_\_\_\_