

Institute of Arctic Biology

Purchase Requisition

(for P.O.s, L.P.O.s, and B.P.O.s)

Fund	Org.	Acct.	Prog.	Amt.

Suggested Supplier:
Phone:
Fax:
Preferred Shipping Method:
To be used for:

Req.#
P.O.#
Call #
Encumbrance#
Receiving #
Entered on Banner:
Vendor Reference:

Ship to:
Contact Phone #:
DATE NEEDED:

#	Units	Catalog #	Description	Price Per Unit	Extended Price
Estimated Freight Costs: \$				Total \$	

Requisitioned by _____
Signature Date

Approved by _____
Signature Date