

ITST
Institute for Terahertz and Science Technology

HIGH VALUE PURCHASE ORDER

Ordered By: _____ Ext # _____ Date _____

Item: _____

Fabrication: Yes No New Fabrication: Yes..Please see Susanne

Existing Fabrication: # _____

Trade In: Yes No Add On: Yes No Property # _____

Rush: Yes No (If yes, please include a brief memo stating why it is a rush)

Needed By _____ (ASAP is not acceptable..please give a calendar date)

Attachments: Yes No (e.g. quotes, sole source justification, etc.)

Deliver To: _____
(use this section for special special delivery instructions)

VENDOR

Name: _____

Address: _____

Phone # _____ Fax # _____

Contact: _____

DESCRIPTION

Quantity	Unit	Price	Detailed Description	Model #	Catalog #

PI Name: _____ Account to be charged: _____

Location of Property: _____ Building: _____ Room: _____

FDP Equipment Usage Assurance: The equipment is for use primarily or exclusively in the conduct of research.

P.I. Signature _____ Date: _____

Departmental Approval: _____ Date: _____

For office use only

IQ # _____ Form # _____ Account # 8-448765- _____

Custody Code: 8 5635 _____ User: _____ Released: _____

Liened: _____