

PURCHASE REQUEST FORM

Date Requested: _____

SHIP Peggy Hills, Program Admin. Assistant STUDENT
TO: Department of General Engineering NAME: _____
104 Transportation Building
104 S. Mathews LOCAL PHONE
Urbana, IL 61801 NUMBER: _____

VENDOR: _____ Vendor Phone: _____

Vendor Complete Address: _____ Vendor Fax: _____

_____ Vendor FEIN No. _____

_____ Order will be faxed if vendor will accept fax orders.

_____ Yes, fax my order.

Delivery Needed By: _____

Ship: _____
UPS (unless otherwise specified)

ITEMS DESIRED	Quantity	Amount	Total
(complete description-- Attach copy of catalog page if possible)			

Group # _____ Grand Total _____

Account No: _____ Date Ordered: _____

Account Title: _____

If purchase is over \$200.00, please have Professor Wildblood sign this form.

Prof. Harry S. Wildblood, Project Coordinator