

CHTM INTERNAL ORDER FORM

1. DATE REQUESTED: _____

Special Shipping: No Yes Overnight 2nd Day Ground

2. VENDOR/PAYEE: _____ Phone# (____) _____ FAX# (____) _____

WEBSITE: _____

OR

ADDRESS: _____ Price Confirmed With: _____

CITY: _____ STATE: _____ ZIP: _____

3. REQUESTER NAME & EMAIL: _____

4. Purpose (*REQUIRED* How does this order benefit the associated grant.):

Circle one: EQUIPMENT CONSUMABLE CHEMICAL

Lab/Rm#: _____	<u>EQUIPMENT PURCHASES</u> Replacement part Yes No If add-on: UNM Tag # _____ Location (required): _____
----------------	---

ITEM(S) TO BE PURCHASED PLEASE FILL IN ALL INFORMATION
 (IF THIS IS A BLANKET, PLEASE LIST ALL USERS, PERIOD OF BLANKET AND AMOUNT OF BLANKET)

DESCRIPTION DETAILS	CATALOG	QUANTITY	UNIT SIZE	UNIT COST	EXTENDED COST
TOTALS					

Confirmation Number Unit Sizes: EA, PK, BX, CS, GAL, CTN, etc. BO = Back Ordered

INDEX NUMBER: _____	APPROVAL: _____
---------------------	-----------------