THE UNIVERSITY OF KANSAS MEDICAL CENTER
"AN EQUAL OPORTUNITY EMPLOYER"

PURCHASE REQUEST

INSTRUCTIONS: Prepare specifications in a Word Document and attach to form. Also, submit Word Document electronically to Purchasing.

DATE: **REQUISITIONER:** **PHONE:**

DEPARTMENT: **DELIVER TO:**

SPEEDTYPE:

SUGGESTED VENDOR(S): **ADDRESS:**

ITEM #	QUAN.	UNIT	SPECIFICATIONS	UNIT PRICE	AMOUNT
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

0.00

REMARKS (not to be typed on order): **Purchase Order #: (to be assigned by Purchasing only:)**

Approval (Department Head, Investigator, etc.)

Signature: **Date:**