



UNIVERSITY OF WASHINGTON
REQUEST FOR REQUISITION
 PHYSICS

Requisition #

Date		Vendor Phone	
Budget #		Contact Name	
Budget Name		Vendor	
Date Required			
Your Name		Street Address	
Your Phone			
Sole Source Justification	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If more than \$3,0000, attach)</i>	City, State, Zip	
Equipment-Listed in Grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CONFIRMING ORDER: Are you placing the order yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Instruct Vendor when phoning in order to mail invoice to:</i> UNIVERSITY OF WASHINGTON ACCOUNTS PAYABLE, BOX 351130 3917 UNIVERSITY WAY NE SEATTLE, WA 98105		Delivery Date	
		F.O.B.	
		Terms	
		Shipper	
<i>If additional Vendors, attach a list.</i>			

Quantity	Unit	Unit Price	Catalog #	Specify Category of item : (Software, Lab. Equip., Supplies, Manuals, etc.)	Total Cost
Grand Total					

<i>Ship to:</i> UNIVERSITY OF WASHINGTON DEPARTMENT OF PHYSICS C121 PHYSICS /ASTRONOMY BLDG BOX 351560 / 3910 15TH AVE NE SEATTLE, WA 98195-1560 <i>Phone:</i> 206-685-7896 <i>Fax:</i> 206-685-0635

Notes:

Office Use Only		
Entered On-Line	Rec'd	Rip