

Order No. _____

PURCHASE ORDER FORM

This form and all required documentation must be filled out and returned to the MIE Business Office to complete order.

Date Submitted: _____

Name/UIN Number: _____

PI or CoPI Name and Signature: You may attach e-mail if signature is not provided.

Account Number to Charge: _____

Company Name /Phone: _____

Please confirm if items ordered are consumable (within year, example saw blades, chemicals, masks) If item is permanently incorporated into another item. Please supply UIC inventory number.

Please indicate if item is over 500lbs and needs room delivery. Vendor MUST have delivery options. Department does not have special equipment to unload a truck. NO TAILGATE DELIVERIES

Inventory #	Catalog Number	Item Name/Description	Quantity	Unit Price	Amount
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____

Justification (See example): _____

Justification should be explanation of purpose (example: Item(s) for research related use on project...; Item for business related use, etc.)