

DEPARTMENT OF MATERIALS REQUISITION FORM

SUPPLIER			Req number		
ADDRESS			PO number		
ADDRESS			Authorised		
ADDRESS			Input by		
POSTCODE		COUNTRY		Checked/sent	

	Qty	Supplier ref or cat no.	Description (If Equipment please complete location & installation details below)	Unit cost	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

DELIVER TO (check one box)

Hume-Rothery	<input type="checkbox"/>	Begbroke	<input type="checkbox"/>	No delivery	<input type="checkbox"/>
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Delivery.

Sub-total

IMPORTANT PRICING INFORMATION

Have you confirmed up-to-date cost of the items and the delivery charge? ☐ Y / ☐ N (delete as appropriate)

VAT @20%

TOTAL

University policy requires at least two quotations for individual items costing > £1,000. See departmental website for further information.

Indicate the cost centre number (not description) in the Source of funds box. Requisitions without a number will be returned.

Source of funds	If you are purchasing equipment please complete the following		
	Location	Room No	Building
	Will additional installation costs be involved?		Y / N If Yes provide details
	Special instructions		

Originator Signature	Date	Originator email address
Authorisation	Date	Originator phone number

STD, INTERNAL OR OX LTD?

EIC CODE (NON-INVENTORY ITEMS ONLY)

GENERAL LEDGER

NET AMOUNT	VAT AMOUNT	CODE	COST CENTRE	NATURAL CODE	ACT	SOURCE OF FUNDS	ORG

PROJECTS

NET AMOUNT	VAT AMOUNT	CODE	PROJECT	TASK	AWARD	EXPENDITURE TYPE	ORG