

**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  Begbroke  No delivery

**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 |
|------------|------------|------|---------|------|-------|------------------|-----|
|            |            |      |         |      |       |                  |     |
|            |            |      |         |      |       |                  |     |
|            |            |      |         |      |       |                  |     |