

PURCHASE/PAYMENT/ORDER FORM
ALL FIELDS IN THIS SECTION MUST BE FILLED IN BY PURCHASER

Document Number _____

Date _____ Research Group _____

-

 Account number, including cost center if applicable

Ordered by _____

Email _____ For split order, show multiple accounts and amounts or percentages

P-CARD PURCHASE
PURCHASER: SUBMIT AS SOON AS ORDER IS PLACED. TO BE USED FOR LAB SUPPLIES ONLY. NO TRAVEL, SERVICES OR REPAIRS
STAFF: ATTACH RECEIPT/INVOICE TO THIS FORM AND SUBMIT WITH PCARD STATEMENT

Vendor Name _____ Phone Number _____ Vendor Order # _____ P Card Holder if different from Research Group _____

Check one:

☐
Lab research supply

☐
Other

Explanation if "other" _____

Item	Quantity	Catalog #	Description	Unit Price	Total Price
1					
2					
3					
4					
5					
TOTAL COST					

PAYMENT REQUEST
PURCHASER: SUBMIT WITH RECEIPT FOR REIMBURSEMENT
STAFF: SUBMIT THIS FORM WITH DETAIL SHEET
FOR REIMBURSEMENT OF ENTERTAINMENT EXPENSES USE [THIS FORM](#)
INVOICE OR ORDER DECISION [FLOWCHART](#) FOR RESEARCH LABORATORIES

PID#

-

Home Address _____ City _____ State _____ Zip code _____

Check one:

☐
Lab research supply

☐
Other

Explanation if "other" _____

PURCHASE ORDER REQUEST
PURCHASER: SUBMIT WITH QUOTE AND SOLE SOURCE JUSTIFICATION LETTER
STAFF: SUBMIT THIS FORM WITH DETAIL SHEET

Vendor Name _____ Address _____ Phone Number _____ Vendor Order # _____

Will changes need to be made in the lab to accommodate new equipment?

Check one:

☐
YES

☐
NO

Explanation if "yes", use separate sheet if necessary and email copy of explanation and this form to chemmaint@listserv.unc.edu

Ship To and Bill To: First Name Last Name
 Building Name, Lab Room #
 Department of Chemistry – UNC
 Street Address
 Chapel Hill, NC 27599-3290

[Kenan = 125 South Road; Caudill = 131 South Road; Venable Hall = 123 South Road]