University of Alaska Fairbanks, Institute of Arctic Biology

Purchase Requisition

Fund	Ora	Activity Code	Acct.	¢ A mst	ı	***! 4 5 5	olro	Office Us - C	l. ***	
runa	Org.	Activity Code	ACCL.	\$Amt		Req#/ BPO#	siness	Office Use On	ı <u>y</u>	
						PO#/ Call#/ Enc#				
						Receiving#				
						iveceivillä.				
Sugges	ted Supplier:									
Address										
						Ship to:				
Phone:										
Fax/E-Mail:						E-Mail:				
Preferred Shipping Method:						Contact Phone #:				
Banner ID (if known):						*DATE NEEDED*:				
	Units						Date	Price Per	Extended	
Qty	(ea, pk, cs)	Catalog #		Descrip	otio	on	Rcvd	Unit	Price	
					_					
Comme	ents/Special	Instructions: Quot	e Attached? Y	'esNo	_					
Refrigerate/Freeze? YesNo Chemical Order? YesNo If yes, IAB Safety Officer initials:								Subtotal: \$		
					itia	als:		Estimated		
ATE VOU A DA GIUZEN DI FERNIANENI NESIDENI! TES NO								Shipping:		
Save completed form to your computer and email to: uaf-iab-logistics@alaska.edu								TOTAL \$		
		<u> </u>				-		. • •		
		Demoletii II	_							
		Requisitioned by	Signature					Date		
			olynature					Dale		
		Amma								
		Approved by	1							