

Fund	Org.	Acct.	\$Amt

***IAB Business Office Use Only***	
Req#/ BPO#	
PO#/ Call#/ Enc#	
Receiving#	

**Suggested Supplier:**

Address:

Phone:

Fax/E-Mail:

Preferred Shipping Method:

Banner ID (if known):

**Ship to:**

E-Mail:

Contact Phone #:

**\*DATE NEEDED\*:**

Qty	Units (ea, pk, cs)	Catalog #	Description	Date Rcvd	Price Per Unit	Extended Price
Comments/Special Instructions: Quote Attached? Yes ___ No ___					Subtotal: \$	
Refrigerate/Freeze? Yes ___ No ___					Estimated Shipping:	
Chemical Order? Yes ___ No ___ If yes, IAB Safety Officer initials: _____					TOTAL \$	
Are you a US Citizen or Permanent Resident? Yes ___ No ___						
<b>Save completed form to your computer and email to: <a href="mailto:uaf-iab-logistics@alaska.edu">uaf-iab-logistics@alaska.edu</a></b>						

Requisitioned by \_\_\_\_\_  
   Signature  Date

Approved by \_\_\_\_\_