

EXPENDITURE REQUEST

Crop & Soil Sciences
CAES Campus at Athens
3111 Plant Sciences Building
Athens, GA 30602-7272

**Mark /
One **

Date:

PURCHASE ORDER

CHECK REQUEST

Eqpt. Oper. Supply/Expense

Other (specify):

Requested By:

P.I. Name:

Account #

VENDOR:
ADDRESS:

REQUIRED DATE (no later than):

EMERGENCY ORDER (explain below *)

PHONE:

FAX:

WEB/EMAIL:

SHIP VIA: UPS TRUCK DELIVER TO BE PICKED UP
 OTHER (specify):

VENDOR ORDER #
or CONFIRMATION #:

ITEM	CATALOG/PART #	DESCRIPTION	QTY/UNIT	UNIT PRICE	TOTAL
1					
2					
3					
4					
5					
6					

VENDOR QUOTE NUMBER:
(if any; provide date/copy)

TOTAL

SHIP TO (Bldg/Room):

* COMMENTS/JUSTIFICATION::

NOTE: These spaces should be completed.

- Date of request
- Person requesting the order
- P.I. name
- Vendor address, phone or fax number, or web site/email.
- Account number (get from P.I.)
- Ship To location.
- Justify emergency PO request

If check request, provide invoice or completed order form.

Office use only:

ORDER PROCESSED BY _____ DATE _____

P.O./CK REQ. # _____ (if applicable)