Print Form

UNIVERSITY OF ARIZONA

PHYSICS REQUISITION INPUT/ AUTHORIZATION FORM

** FOR INERNAL DEPT USE ONLY - DO NOT SEND TO PURCHASING DEPT**

R: _____

PO#: _____

Date: _____

Department Number: _____ Department Name: _____

Requested By: _____ Phone Number: _____

Vendor: _____ Contact: _____

Phone Number: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Account(s)	Object Code	% PCT	Amount

DELIVER TO:

University of Arizona
Physics Department
PAS Building #81 - Room 236
Tucson, AZ 85721

ATTACHMENTS:

- ☐ Memo
- ☐ Order Form
- ☐ Vendor List
- ☐ Other _____

Capital Purchases - A Tags:

Number of A-Tag(s) required: _____ Incorporate with A-Tag # (s): _____

Qty	Unit	Unit Price	Acct Number	Obj. Code	Product Description: Manufacture	Model	Number	Extended Amount

Tax:	
Subtotal:	
Shipping:	
Grand Total: (from both pages)	

☐ Please check box and initial if item is tax exempt.
(non-consumable items)
Please initial if you check box _____

Business Purpose/ Comments:

Additional Item Descriptions

Qty	Unit	Unit Price	Acct Number	Obj. Code	Product Description Manufacture Model Number	Extended Amount