DEPARTMENT OF KINESIOLOGY
UNIVERSITY OF GEORGIA
REQUISITION FOR EXTERNAL PURCHASES

V URL ADDRESS

E _____ DATE: _____

N NAME

D _____ ORDERED HOW _____

O STREET ADDRESS

R _____

CITY & STATE ZIP CODE

Please complete this form for all orders. If this order is to be charged against a grant, please have the P.I. sign below. If charges are to be applied against a state account, please have the Dept. Head sign below.

_____

PHONE NUMBER FAX NO.

CATALOGUE NO.	QTY.	DESCRIPTION	UNIT PRICE	TOTAL AMT.	ACCOUNT NUMBER
				$ $0.00 -	
				$ $0.00 -	
				$ $0.00 -	
				$ $0.00 -	
				$ $0.00 -	
				$ $0.00 -	
				$ $0.00 -	
				$ $0.00 -	
				$ $0.00 -	
				$ $0.00 -	
				$ $0.00 -	
			Order Total	**$** $0.00 -	

REQUESTED BY

_____ DATE

APPROVED BY

_____ DATE

CONFIRMATION OF TELEPHONE/INTERNET ORDER _____ DATE

_____ CONFIRMATION NUMBER

Print

Reset Form