

PURCHASE REQUISITION

DATE TODAY		VC	DESIRED DATE TO RECEIVE GOODS/SERVICE	
SUGGESTED SUPPLIER(S) NAME AND ADDRESS			SHIP TO ADDRESS	
			BUILDING:	
			DEPARTMENT:	
			CONTACT NAME:	END USER
SUPPLIER TELEPHONE:		SUPPLIER FAX:	PHONE:	
SHIP TO:		SHIP VIA:	SHIPPING COST:	CURRENCY:
<input type="checkbox"/> CENTRAL RECEIVING, OR <input type="checkbox"/> SERVICE BY SUPPLIER <input type="checkbox"/> PICK UP: NO DELIVERY <input type="checkbox"/> SPECIAL INSTRUCT'S (SEE BELOW)		<input type="checkbox"/> MAIL <input type="checkbox"/> COURIER <input type="checkbox"/> FREIGHT <input type="checkbox"/> N/A	<input type="checkbox"/> INCLUDED, PREPAID & ALLOWED <input type="checkbox"/> EXTRA, PREPAID & INVOICES <input type="checkbox"/> EXTRA, COLLECT <input type="checkbox"/> PAYMENT AUTHORIZED	<input type="checkbox"/> CANADIAN <input type="checkbox"/> U.S. <input type="checkbox"/> OTHER <input type="checkbox"/> N/A
QUANTITY	SPECIFICATIONS: (Catalogue No, Size, Type, etc.)		UNIT PRICE	TOTAL PRICE
	NOTES: Supplier Quotation/Reference No: _____ (attach all vendor copies of quotes)			
	Special Delivery Instructions:			
	SHIPPING & HANDLING			
			SUB TOTAL \$	
TAXES				
*PST EXEMPTION: I hereby certify that the machinery and equipment and/or complete parts identified above will be used _____% of their life directly in qualifying research and development and thus is (are) exempt as indicated of the Provincial Sales Tax.			GST @ 7%	
_____ SIGNATURE OF RESEARCHER			PST @ 8%	
** Equipment purchased with Research or PDA funds become property of the University.			TOTAL \$	
ACCOUNT AUTHORIZATION		ACCOUNT DISTRIBUTION		ACCOUNT TOTAL
I certify that the total funds in my account are sufficient to cover the cost of this purchase.				
ACCOUNT HOLDER'S NAME:				
AUTHORIZING SIGNATURE(S)				
X				
DEPT	EXT	GOODS ALREADY RECEIVED - PAYMENT AUTHORIZED		
		INITIAL		
ADMINISTRATIVE APPROVAL				