Saint Michael's College Request to Order - Submit to Purchasing Dept. for Processing

This is NOT a request for payment. See instructions in Purchasing Dept. Public Folder on Mikenet

Date_____ Your name _____ Your Telephone #_____

General Ledger Account # ☐☐-☐☐☐☐☐-☐☐☐☐☐☐-☐☐

Budget Mgr. or Dept. Head Signature _____

Vendor Name: _____ Phone:_____ Fax:_____

Mailing Address:_____
Street/P.O. Box City State Zip

PLEASE CHECK ONE:

- ☐ Hold P.O. for Department to Pick up
  (requesting Dept. will place order—not Purchasing)
- ☐ Mail to vendor
- ☐ Fax to vendor

NOTE:

Are you ordering chemicals? If so, please complete:

Name of Chemical_____

CAS Number (a must!) _____

Total Volume ordered _____

New purchase_____ or restock_____

Where will the chemical be stored? _____

Do you have an MSDS for the chemical?_____

ITEM DESCRIPTION (Part & Number)	**QTY**	**UNIT OF MEASURE** (ea, box, case)	**PRICE PER UNIT**	**TOTAL BY LINE** (Qty x Price per unit)

Shipping: _____

BPO/PO# _____

TOTAL THIS PAGE: _____

Special Project #_____ Controllers Initial _____