BOSTON UNIVERSITY
DEPARTMENT OF BIOLOGY
REQUISITION/PURCHASE ORDER FORM

Requisition No.: RQ _____
Purchase Order No.: SD _____
SC _____
Other: _____

Ship to: Department of Biology
5 Cummington Street
Boston, Massachusetts 02215
ATTENTION: _____
or Other Delivery Address:
_____
_____
_____

Bill to: Boston University
Office of Purchasing Services
Invoice Processing
985 Commonwealth Avenue
Boston, Massachusetts 02215

❑ Check here if Radioactive/Requires Special Approval ❑ Check if Chemical ❑ Check if Vertebrate Animals

Item no.	$ Amount	Unit	Dept.	Object Code	Grant or Course no.

Item no.	Quantity	Catalog no.	Description	Unit Price	Total	Date Needed
			Estimated shipping costs	$		
Vendor contact name:						

Suggested Vendor/Department

Name: _____

Address: _____

Phone: _____ Fax: _____

Requested by: _____ Ext: _____

Authorized by: _____

Date: _____ Ship Overnight? ❑ Yes ❑ No

GMS Date: _____ Vendor no. _____

CAS K02 735367