

Name of person making the request.

Get the approval of the person who can authorize charges on the account specified below

Date you are making request

<b>E-MAIL REQUISITION FORM</b>		REQUESTOR NAME	PHONE	REQUISITION DATE
PLEASE PURCHASE THE FOLLOWING ITEMS:		AUTHORIZED SIGNATURE		DATE NEEDED BY
PLEASE ISSUE PURCHASE ORDER NO. TO REQUESTOR		DELIVERY INSTRUCTIONS/LOCATION		

Specify if HHRI Purchasing is buying items or issuing a Purchase Order for you.

What digital or physical location items should be delivered to.

PROC. NO.	RADIOACTIVE MATERIALS CONTROL NO.	VENDOR CONTACT	PHONE
CONTRACT NO.		VENDOR/SOURCE	
OTHER INFORMATION		ADDRESS	
		CITY, STATE, ZIP CODE	

Approval number received from institutional biosafety committee.

Complete vendor information if you require a specific vendor for this purchase.

HENNEPIN HEALTHCARE RESEARCH INST

SALLY GILL: EMAIL: sally.gill@hcmcd.org, PH. 612-873-6598,

Cost per individual item

ACCOUNTING CODE			PART NO.	DESCRIPTION	QTY	U/M	UNIT COST	EXTENDED COST	RECEIVING
EXP. CODE	PROJECT NO.								
ACCOUNTING AUTHORIZATION							ORDER TOTAL		

Account number that will pay for this purchase.

Vendor's SKU or other identifying number for the item to help Purchasing get the correct item.

Vendor's listed description of the item

Minimum purchasable amount of item from vendor.

Total cost (qty \* unit cost) for the item.

Total cost for all items.

PURCHASING NOTES: Any additional context needed for purchasing an item. Example: url to a particular, unique item.

TERMS:	SHIP VIA	CONFIRMATION
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<b>BILL TO:</b>	HENNEPIN HEALTHCARE RESEA	8TH ST, STE. PP4.440, MPLS, MN 55404	<b>ACCOUNTING USE ONLY</b>	
			CAPITAL EQUIPMENT	SHARED ACQ.
<b>SHIP TO:</b>	HENNEPIN HEALTHCARE RESEA	901 S 6TH ST, MPLS, MN 55415	RESP. PARTY	RESP. PARTY
	UNLESS OTHERWISE NOTED BELOW:		ASSET NO.	ASSET NO.
			DEPREC. NO.	DEPREC. NO.

_____ _____ _____ _____ _____ _____	<b>PURCHASING USE ONLY</b>	
	PURCHASE ORDER NO.	
	STANDING P.O.	P.O. DATE
	EXP. DATE:	BUYER