

**PURCHASE REQUEST FORM**  
**University of Maryland**  
**Department of Civil & Environmental Engineering**

Req. # \_\_\_\_\_

**Requestor's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date Requested:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**When do you need these items?**  1-2 days  2-3 days  3-5 days  7-10 days

*Standard shipping is often 7-10 days. Rush shipping will cost more.*

Is this an internal campus request? (ISR) Y/N

Is this order over \$2,500? Y/N

Do you want to take this order to the vendor yourself? Y/N

**DESCRIPTION OF EXPENSE-CHECK ONE**

- |   |  |
|---|--|
| <input type="checkbox"/> Lab Supplies(3914)       | <input type="checkbox"/> Association Dues (4930)                 |
| <input type="checkbox"/> Mail/Postage (3210)      | <input type="checkbox"/> General Office Supplies (3916)          |
| <input type="checkbox"/> Subscriptions (4920)     | <input type="checkbox"/> Equipment Maintenance (3716)            |
| <input type="checkbox"/> Books (3924)             | <input type="checkbox"/> Computers (peripherals) (<\$1000)(3916) |
| <input type="checkbox"/> Registration fees (3321) | <input type="checkbox"/> Computers (>\$1,000)(4361)              |
| <input type="checkbox"/> Academic Software (3885) | <input type="checkbox"/> Other: Specify _____                    |

NOTES: _____ _____ _____ _____ _____ _____ _____
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Is this a hazardous chemical? Y/N

Does this item weigh over 75 lbs? Y/N

Does this item require special handling? Y/N

**VENDOR INFORMATION**

**Vendor Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Address/Web Address:** \_\_\_\_\_

**Contact (if any):** \_\_\_\_\_

**PLEASE LIST OR ATTACH THE FOLLOWING:**

ITEM/CATALOG#	QTY	UNITS (CASE, PK, KG)	DESCRIPTION	UNIT PRICE	TOTAL

**TOTAL \$** \_\_\_\_\_

Do you want to place order if item is on backorder? Y/N

Do you want to place order if there is a price increase? Y/N

**Note: All Receipts, Packing Slips, and Invoices must be turned into the Business Office upon receipt of merchandise.**

I hereby acknowledge that I have and understood the above requirement and may be liable for the entire charge if the paperwork is not received by the business office.

**Requestor's Signature:** \_\_\_\_\_

**PI's Authorized Signature:** \_\_\_\_\_

**Certification of Fund Availability:** \_\_\_\_\_

Asst Director/Director/Chair