

DEPARTMENT OF KINESIOLOGY
UNIVERSITY OF GEORGIA
REQUISITION FOR PURCHASES

Please complete this form for all orders.

If this order is to be charged against a *grant*, please have the P.I. sign below, as well as, the Department Head.

If this order is to be charged against a state account, please have the Department Head sign below.

Today's Date: _____

Requestor's Name: _____

Date Item(s) Needed: _____

Office Use Only: _____
 PR #: _____ CR #: _____
 P-card - Date Ordered: _____
 Date Received: _____
 Staff Person Item(s) Released to: _____

UGAmart website: <https://webapps.ais.uga.edu/UGAmart>

****IF NOT AVAILABE IN UGAmart, INCLUDE LINK FOR SPECIFIC ITEM(S) YOU WANT TO PURCHASE AND/OR ATTACH PRINT SCREENS OF THE PRODUCTS****

URL ADDRESS:	
PERFERRED VENDOR COMPANY NAME:	SALES/CUST. SERVICE CONTACT NAME:
VENDOR ADDRESS:	
PHONE NUMBER:	FAX NUMBER:

CATALOGUE NO.	QTY.	DESCRIPTION	UNIT PRICE	TOTAL AMT.	ACCOUNT NUMBER

Order Total:

SPECIAL ORDERING INFORMATION: _____

JUSTIFICATION FOR REQUEST (attach a separate sheet if necessary): _____

Requested by: _____

Date

Approved by: _____

P. I.

Date

Approved by: _____

Department Head

Date