

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\*\***

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

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

REV. 10/2014