



**THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - HOUSTON
 MEDICAL SCHOOL – PROCUREMENT
ORDER REQUEST FORM**

DIVISION OF _____

SUPPLIER NAME: _____ DATE: _____

SUPPLIER ID#: _____ INVESTIGATOR: _____
 [PHONE] _____

SUPPLIER ACCOUNT #: _____ [ORDER] **ATTN. & EXT #:** _____

ADDRESS: _____ DELIVERY LOCATION: _____

PHONE #: _____ DELIVERY DATE: _____

FAX #: _____ OVERNIGHT / RUSH CHARGES: Y _____ N _____

APPROVED (REQUIRED): _____

[**PLS COMPLETE] AREA DPT # FUND PROJ PROG

UT ACCOUNT / PROJ / ORG # _____ - _____ - _____ - _____

COMPLETED BY PURCHASING DEPT.

ORDER #: _____

ORDER CONFIRMATION #: _____

REQUISITION #: _____

PURCHASE ORDER #: _____

LINE #	CATALOG #	DESCRIPTION / COMMODITY	UNIT OF MEASURE	UNIT COST	QTY.	EXTENDED COST
001						
002						
003						
004						
005						
006						
007						
008						
009						
010						

TOTAL \$ _____