

# FACULTY OF EDUCATION GRANT PURCHASE REQUISITION

(Please print or type)

Researcher: \_\_\_\_\_ Phone: \_\_\_\_\_

Grant No:

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

Vendor Address : \_\_\_\_\_

Vendor Contact Name: \_\_\_\_\_ Email/Ph: \_\_\_\_\_

<u>Quantity</u>	<u>Cat/Stock No.</u>	<u>Description</u>	<u>Unit</u>	<u>Total</u>
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____

Please provide a **detailed** explanation of why each item is required and how it will be utilized for the funded research. HST \$ \_\_\_\_\_

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

- 1 \_\_\_\_\_
- \_\_\_\_\_
- 2 \_\_\_\_\_
- \_\_\_\_\_
- 3 \_\_\_\_\_
- \_\_\_\_\_
- 4 \_\_\_\_\_
- \_\_\_\_\_
- 5 \_\_\_\_\_
- \_\_\_\_\_

Researcher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Admin Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Admin Use:** Grant End Date: \_\_\_\_\_ Tri-Agency ruling  Item # \_\_\_\_\_

Budget checked, and funds available as indicated as of: \_\_\_\_\_ Initials \_\_\_\_\_

1  \$ \_\_\_\_\_ 2  \$ \_\_\_\_\_ 3  \$ \_\_\_\_\_ 4  \$ \_\_\_\_\_ 5  \$ \_\_\_\_\_