



# RESEARCH PURCHASE REQUISITION AND JUSTIFICATION FORM

(Please Print or Type)

Researcher/Delegate: \_\_\_\_\_ Ph: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Email/Ph: \_\_\_\_\_

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

Item	Cat/Stock No.	Qty. Ordered	Description	Unit Cost	Total Cost
				Freight	
				Sub Total	
				Tax	
				Total	

Please provide a detailed description of the expenses and how they are related to the funded research:

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FUND

AMOUNT

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Grantee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grantee Name (Please Print): \_\_\_\_\_

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

Admin. Name (Please Print): \_\_\_\_\_