INTERNAL REQUISITION

PROCUREMENT SERVICES - FACULTY OF SCIENCE

MEMORIAL UNIVERSITY

Recommended Supplier:

_____

_____

_____

_____

Phone No. _____

Fax No. _____

Quote No.: _____

Contact: _____

Required: By Date - (If Applicable)

DD: MMM: 20

THIS BLOCK MUST BE COMPLETED

REQUISITIONER: _____ DD: MMM: 20

ACCOUNT NUMBER: 1 | F | | O | | A | | P | |

ACCOUNT NUMBER: 2 (If Required) | F | | O | | A | | P | |

Options: ○ Internal Delivery ◉ Hold for Pick-Up Department _____

Building _____ Lab/Room Number _____

Contact Name/Number/Email _____

APPROVAL: 1 _____ DD: MMM: 20

APPROVAL: 2 If Required _____ DD: MMM: 20

FUNDS CERT. _____ DD: MMM: 20

Describe how this purchase is necessary for your research program goals / Comments

Item	Catalogue No.	Qty. Ordered	Qty. Rec'd.	Description	Unit Cost	Total Cost
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00

Procurement Services/Stores Use Only

Incoterm/F.O.B.: Ship Via:

Payment Terms: Delivery:

Delivery Address

◉ Core Science Facility (CSF) - Loading Bay

○ Chemistry-Physics Building - Loading Bay

Order Placed: DD: MMM: 20

Notes:

Item total	0.00
Exchange	1.00
Item total CAD	0.00
Freight CAD	0.00
Sub total CAD	0.00
HST 15%	0.00
Total CAD	0.00

1st COPY - PURCHASING
2nd COPY - PURCHASING
3rd COPY - ADMIN. OFFICER/REQUISITIONER

_____ Buyer

_____ P.O./Reference No.