IRA PURCHASE REQUEST FORM

(Submit one for each vendor)

Please submit faculty approved hard copy to the ECST Fiscal Office in ET A241

IRA Number/Team Name:					
Vendor Name:					
Vendor Address (Mailing):					
	Street	Suite	City	State	Zip Code
Vendor Electronic Address:					
-	Email Address		VendorSite		
Contact Information:					
	Representative Name (if applicable)		Phone Numb	er	
Estimated /Quote number:		Order Number:			

Arrived	Picked Up	Line Item	Catalog #	QTY	1	tem Description	Haz Mat Y/N	Unit Price	Amount
Electronics, Computers, Software, and Hardware require an ITS Form. Hazardous Material (Haz Mat) Requires University Approval					Est. Total				
Item will be picked up in store. Confirming receipt needs to be give						ven to ECST fiscal office at ET A24	41	Est. Tax	
Picked Up By:					Est. Shipping				
								Actual Total	
Reque	stor N	ame (F	rint):			Requestor Signature:			
Reque	stor Co	ontact	:						
Phone Number					Phone Number		Email Add	lress	
Faculty Advisor (Print):						Faculty Signature:			
* FOR (OFFICE	USE	ONLY **						
(Order P	lacedBy	/	_Date O	rdered	Method of Purchase	2		
Date	ltems R	eceived	1			Part of Original Budget	t		
Picke	ed Up Br	v (Print)				Signature and date			

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