

SENIOR DESIGN PURCHASE REQUEST FORM

Rev. 8/2022

(Submit one for each vendor)

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

Project/Team Name: _____ Sponsor Name: _____

Vendor Name: _____

Vendor Address (Mailing): _____
Street Suite City State Zip Code

Vendor Electronic Address: _____
Email Address Vendor Site

Contact Information: _____
Representative Name (if applicable) Phone Number

Estimated /Quote number: _____ Order Number: _____

Arrived	Picked Up	Line Item	Catalog #	QTY	Item Description	Haz Mat Y/N	Unit Price	Amount

Electronics, Computers, Software, and Hardware require an ITS Form.
 Hazardous Material (Haz Mat) Requires University Approval

Item will be picked up in store. Confirming receipt needs to be given to ECST fiscal office at ET A241

Picked Up By: _____

Est. Total	
Est. Tax	
Est. Shipping	
Actual Total	

Requestor Name (Print): _____ Requestor Signature: _____

Requestor Contact: _____
Phone Number Email Address

Faculty Advisor (Print): _____ Faculty Signature: _____

**** FOR OFFICE USE ONLY ****

Order Placed By _____ Date Ordered _____	Method of Purchase _____
Date Items Received _____	Part of Original Budget _____
Picked Up By (Print) _____	Signature and date _____