UNIVERSITY OF WASHINGTON
DEPARTMENT OF PEDIATRICS
BOX 356320 For purchasing questions contact Financial Accounting at pedorder@uw.edu

PURCHASE ORDER REQUEST FORM

Business Office Only
Requisition or Reference # _____
☐ eProcurement (ARIBA)
☐ ProCard

REQUEST DATE: _____

REQUESTED BY:

Name: _____
Email: _____
Phone: _____

DELIVER TO:
Attention:

_____
_____
_____
_____
_____

IS THIS A RUSH ORDER? ☐ Yes ☐ No

DATE ORDER NEEDED BY: _____

WILLING TO PAY EXTRA FOR EXPEDITED SHIPPING? ☐ Yes ☐ No

DO YOU HAVE A QUOTE FROM THE VENDOR? ☐ Yes ☐ No
Please submit a copy of the quote along with this form.

IS THIS A SUBCONTRACT? ☐ Yes ☐ No
If yes, what is the Funding Action # _____

IS THIS AN M&E SALES TAX EXEMPT PURCHASE? ☐ Yes ☐ No
If **all** three apply this purchase qualifies for M&E exemption.

☐ Equipment has a useful life of more than one year
☐ Equipment will be used more than 50% annually on qualifying research
☐ Equipment has an acquisition cost of $200 or more

Justification (if applicable):

IS THIS A SOLE SOURCE PURCHASE? ☐ Yes ☐ No
Sole source justification and approval required for all orders above $10,000

Justification (if applicable):

SUGGESTED VENDOR	
Vendor Name	
Vendor Contact Person	
Vendor Address	
Vendor Contact	

What is the UW Business purpose for this purchase?

ITEM #	CATALOG #	DESCRIPTION (Make / Model / Dates of Services)	QUANTITY	UNIT	UNIT PRICE	TOTAL COST W/ TAX*	BUDGET NUMBER	Bus. Office OBJ CODE
Shipping:		Handling:	Hazard:	Other:		-	-	
					TOTAL:		** WA tax rate is 10.1%*	

COMMENTS or SPECIAL INSTRUCTIONS:

SIGNATURE OF PI OR OTHER APPROVED BUDGET AUTHORITY
I certify that I have reviewed the above order and all charges are appropriate, allowable,and in direct support of the listed budget number(s).

DATE:

ORDERED BY:

DATE: