MATERIALS RESEARCH INSTITUTE
ORDER FORM

Suggested Vendor:

_____

_____

_____

_____

Fax No:_____

Phone No:_____

Deliver To:

Name:_____

Rm/Bldg:_____

Phone:_____

Quantity	Description (please print clearly)	Catalog No	Price Each

Type of Purchase (*Accounting use only*)

303 Lab Supplies (chemcicals, etc)
309 Miscellaneous Supplied
370 Maintenance/Equipment Repair
455 Equipment – under $1000
459 Equipment - $1000-$4999
710 Capital Equipment – over $5000
705 Fabrication of Equipment
(must have Property Inventory Approval)

345 Books, subscriptions
454 Membership
343 Page Charges/Reprints
411 Purchased Services
414 Printing & Copying
452 Software
Other_____

Signature (PI/Supervisor) _____Date_____

Budget/Fund/Cost Center _____/_____/_____