

DEPARTMENT OF MATERIALS REQUISITION FORM

SUPPLIER				Req number	
ADDRESS				PO number	
ADDRESS				Authorised	
ADDRESS				Input by	
POSTCODE		COUNTRY		Checked/sent	

	Qty	Supplier ref or cat no.	Description (If Equipment please complete location & installation details below)	Unit cost	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

DELIVER TO (check one box)

Hume-Rothery Begbroke No delivery

Delivery.

Sub-total

IMPORTANT PRICING INFORMATION

Have you confirmed up-to-date cost of the items and the delivery charge? Y / N (delete as appropriate)

VAT @20%

TOTAL

University policy requires at least two quotations for individual items costing > £1,000. See departmental website for further information.

Indicate the cost centre number (not description) in the Source of funds box. Requisitions without a number will be returned.

Source of funds	If you are purchasing equipment please complete the following		
	Location	Room No	Building
	Will additional installation costs be involved?		Y / N If Yes provide details
	Special instructions		

Originator Signature

Date

Originator email address

Authorisation

Date

Originator phone number

STD, INTERNAL OR OX LTD?

EIC CODE (NON-INVENTORY ITEMS ONLY)

GENERAL LEDGER

NET AMOUNT	VAT AMOUNT	CODE	COST CENTRE	NATURAL CODE	ACT	SOURCE OF FUNDS	ORG

PROJECTS

NET AMOUNT	VAT AMOUNT	CODE	PROJECT	TASK	AWARD	EXPENDITURE TYPE	ORG