THE UNIVERSITY of TEXAS
MEDICAL SCHOOL
at HOUSTON

Requisition Form

Email: Dept Accounts | Email: Grant Accounts | Print Form

IT when including documentation (justifications, price quotes, etc.) with your order.
SUBMIT BY EMAIL if no documentation accompanies this order. (See note below.)

PLEASE SELECT ONE

Buycard ◉ **Requisition** ○

Includes Overnight/Rush Charges ☐

Date	9/12/2010	**Chart String**	25520000 50000 0007425 13
Vendor Name	Amazon	**REQ Title**	
New Vendor? ☐		**Contact Person**	Michael Beauchamp
Vendor Code		**Contact Phone**	713-500-5978
Vendor Phone		**Requested By**	Michael Beauchamp
Vendor Address		**Delivery Room #**	MSB G.550
		Est Delivery Date	

For Purchasing Dept Use Only

Order #	
Confirmation #	
Requisition #	
Purchase Order #	

Line #	Quantity	Units	Catalog #	Description	Unit Price	Amount
001	1	ea			$39.99	$39.99
				PLEASE CHARGE TO BEAUCHAMP NIH		
				NO ORDER TO PLACE, ALREADY PURCHASED WITH BUYCARD		
				ALL ITEMS IN ORDER RECEIVED		
				DEPT FUND PROJECT PROGRAM		
				25520000 50000 0007425 13		

Submitting Form Via Email

Purchases on department accounts should be emailed to LINDA K. SOLIZ (using EMAIL: DEPT ACCOUNTS button).
Purchases on contracts and grants should be emailed to SUMMER HENSLEY (using EMAIL: GRANT ACCOUNTS button).

Total **$39.99**

Comments

Approved By