® University of Massachusetts Dartmouth
285 Old Westport Road
North Dartmouth, MA 02747-2300

SPEED TYPE: _____
FUND: _____
OBJECT CODE: _____
DEPT. ID: _____
PROGRAM: _____
CLASS: _____
PROJECT/GRANT: _____
DATE: _____
PURCHASE REQ: _____

APPROVAL

Note: Requisitions must be typed. Include complete vendor address and code number.

Item	Quantity	Description	Unit Cost	Total Cost (Est.)
		Shipping Charges		
		Total Cost		

Above items received Yes ___ No _____ By:_____

Deliver to: _____

Other	X
Adm.	
Dion	
Group II	
Research	
Textile	

Other Notes

Principal Investigator/Director

Grants Coordinator

Requested by

Vendor Information

Company Name	
FID#	
Address	
State, City, Zip	
Tel:	
Fax:	
Contact Individual	

Department Head

Dean or Division Head

Approved by Fiscal Affairs