Print Form Reset Form

THE UNIVERSITY OF UTAH
DEPARTMENT OF MECHANICAL ENGINEERING

Purchase Order Request

Please Print Legibly

Date: _____

Name: _____ **U of Utah ID:** _____

Email: _____ **Phone:** _____

Class/Team Name & Number: _____

Chartfield: 01 - 00068 - _____ **(*Fund*) -** _____ **(*Activity or project*)**

Authorized by: _____
(*Please print name*)

Authorized by: _____
(*Faculty signature required*)

All of the above information must be filled out for requests to be processed.
Missing or incomplete forms can cause a delay in processing.

Meal Request Requirements:

- **Description of meal purpose:** _____
- **Number of attendees:** _____ **(*If less than 11 attendees; list the names of all attendees on the back*)**

Purchases will be made with U of U credit card unless otherwise required by the vendor.

Vendor: _____

Sales Person or Contact Name: _____

Vendor Website: _____

Vendor Address: _____

City, State, Zip Code: _____

Phone: 1(____)_____ -_____EXT -_____ **Fax: 1(____)_____ -_____**

Quote # (*Please attach documents*): _____

Qty	Part #	Description	Cost - Each	Line Total

SubTotal _____ **Shipping** _____ **Grand Total** _____

Purchase Requests Can Take Up To 48 Hours to Process