

UT CENTRAL STORES
MATERIAL AND EQUIPMENT REQUEST FORM

DATE: _____ REQUESTER'S NAME: _____ CONTACT PHONE #: _____

Please, provide full description including color, size, special features, composition, brand name, model no., catalog #, spec sheet, cut sheet, and/or quote or proposal.

SHOP OR CREW #: _____

Item #	Material or Item Description	Quantity	Unit	Item Cost	Ext. Cost

Requester's Signature

Supervisor's Signature

Suggested Vendor: _____

Okay to use different vendor if same product is found at better price? **Y** **N**

Vendor Contact Name: _____

Vendor Phone No.: _____

Total Estimated Cost: \$ _____ -

If actual cost available please provide quote!

Preferred Shipping Method: **O/N** **3-Day** **Ground**

For orders with multiple items are partial shipments okay? **Y** **N**

(NOTE: May result in additional freight charges.)

You must provide the following information in order to assure prompt completion of your purchase request.

Account Number _____

Work Order Number _____

Deliver to:
Central Stores Warehouse
or

Job Site Address (include street address, bldg, room #, and contact name)

If actual cost available please provide quote!
(Note if quote is greater than 10 days old the pricing may be invalid.)