

Ray W. Herrick Laboratories Purchase Request Form

Your Name: _____ Date: _____

Project Account Number to be Charged: _____

Associated Project Name or Description:

Specific Benefit to the Project (*be as detailed as possible*):

Item(s) Description(s):

Required Approval

PI (*signature or attached email approval*): _____

Date: _____

Check here if PI approval is included as a separate email or other form of documentation.