

NC STATE UNIVERSITY

Environmental Health & Public Safety Division

Purchase Request Form

Date: _____ Requester: _____

EHPS Dept: _____ Who will order: _____

Vendor: _____ Vendor contact info: _____

Items:

Justification:

Order Total: \$ _____ Shipping included? _____ Reminder: **No sales tax**
(Sales tax exemption # 400021)

Approvals

Supervisor: _____ Date: _____

Other : _____ Date: _____

Director/Chief: _____ Date: _____

Bus. Officer: _____ Date: _____

AVC: _____ Date: _____

Business Office Use Only

EHPS PR#: _____ Project/Acct: _____

Date Processed: _____ Method of Payment: _____

Contract/PO#: _____ Vendor#: _____

Documents attached: _____