Form #2

buy BAMA

Purchase Order Form
Department of Biological Sciences

Date:_____   PO#:_____

Name:_____

☐ CHECK IF URGENT/RUSH ORDER

Radiation Control #:_____

☐ Check if COI Chemical(s) Order

QUANTITY	CATALOG #	DESCRIPTION	COST	
			UNIT	TOTAL

Vendor Name:_____	Account #s To Be Charged:	SHIP/HDLG $
Address Line 1:_____		**TOTAL** $
Address Line 2:_____		
City, State, Zip:_____		If for class list BSC #
Phone #:_____		
Fax#:_____		_____

Requested By:_____   PI Approval:_____

****Form must be completed and sent to BSCBudget@ua.edu before order can be placed****
****Budget Office will place order within 48 hours of receiving form****