



Pitt Grants Purchase Order

Requestor

Name: _____
 Location: _____
 Phone: _____
 Email: _____

Shipping Address

Vendor

Company:
 Phone:
 Fax:
 Website:
 Address:
 Contact:

Purchase Order Date: _____

Date Items Needed : _____

Quantity	Part Number	Unit	Item Description	Unit Price	Total Price
					\$ -
					\$ -
					\$ -
			<i>Subtotal</i>		\$ -
			<i>Shipping</i>		\$ -
Total =					\$ -

Justification: Gears for adaptive page turning reader

Supervisor Approval: *(required)* _____ **Date:** _____

Section Leader Approval: *(required)* _____ **Date:** _____

Investigator Approval: *(>\$2,500)* _____ **Date:** _____

Grant Name Charged: _____

Purchaser's Use Only:

Grant Number Charged:	_____		
Payment Method:	_____ PRISM	Status:	_____ Approved
	_____ Purchase Requisition		_____ Submitted
	_____ P-Card		_____ Faxed