



**RESEARCH PURCHASE REQUISITION AND JUSTIFICATION  
FORM (Please print or type)**

Researcher/Delegate: \_\_\_\_\_ Ph: \_\_\_\_\_

Vendor name: \_\_\_\_\_ Ph: \_\_\_\_\_

Contact: \_\_\_\_\_ Email/Ph: \_\_\_\_\_

Vendor address: \_\_\_\_\_

Item	Cat/Stock No.	Qty. Ordered	Description	Unit Cost	Total Cost
				Freight	
				Subtotal	
				Tax	
				Total	\$

Please provide a detailed description of the expenses and how they are related to the funded research:

Please provide the name(s) of the grant(s) you wish to charge, and provide FOAPAL info below:

FUND						AMOUNT														

Grantee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grantee name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Dean's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Research Office initial: \_\_\_\_\_