Purchase Request
Department of Chemistry

1500 NORTH WARNER STREET
TACOMA, WASHINGTON 98416

Today’s Date: ______________________
Requested By: ______________________

Charge to Account Number: ______________________
Advisor’s Approval: ______________________

Vendor:
Vendor’s Address:

Vendor’s Phone Number:

Please PRINT Clearly

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<th>Quantity Received</th>
<th>Quant</th>
<th>Units</th>
<th>Catalog #</th>
<th>Size</th>
<th>Description</th>
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Subtotal: 0.00
Estimated Shipping/Handling: 0.00
Estimated Freight: 0.00
Estimated WSST @ 8.5%: 0.00
Estimated TOTAL: 0.00