

Equipment Requisition Form

(purchases under \$5K)

Department: Social Science Research Center

Request Date: _____

Equipment Card Manager: Kathy Wooten

Phone Number: 662-325-1624

Date Ordered: _____

Please circle one of the following: In store purchase website order telephone order

Fax Number: _____

If website or telephone is chosen please provide either the website or phone # _____

VENDOR:			
Qty	Item #	Detailed Description	Price
		Shipping:	
		Total	

Requestor signature: _____ Printed Name: _____ Date: _____

Department Head signature: _____ Date: _____

Fund* _____ Org _____ Account _____ Program _____ Activity _____

**If restricted (3xxxxx/8xxxxx), the restricted fund section below is required.*
