

UA DEPARTMENT OF PHARMACY PRACTICE & SCIENCE
PURCHASE REQUISITION/ORDER FORM

SHIP TO (Person Ordering)				**Before submitting this document, please obtain approval from Account Supervisor/PI.**	
NAME: Lab/PI Name: Shipping Address: TUCSON, AZ ZIP: Room/Lab No.: Contact Ph. Number :				APPROVED: <input type="checkbox"/> Check here if URGENT: <input type="checkbox"/> DELIVER BY (Date needed): Click or tap to enter a date. DELIVER TO (choose one): <input type="checkbox"/> Skaggs Building (0207) <input type="checkbox"/> Phoenix Campus <input type="checkbox"/> Drachman Pulido Building (0202)	
VENDOR INFO				JUSTIFICATION/UA Business Purpose (Required on ALL Orders):	
Vendor Name: Vendor Phone: Vendor Web Page: <input type="checkbox"/> Check here if a QUOTE from vendor is provided with this order.				For information regarding appropriate UA Business Purpose, visit: https://financialservices.arizona.edu/accounting/business-purpose	
BILLING INFO				ADDITIONAL/SPECIAL INSTRUCTIONS <i>(Split billing % if more than 2, multi-address, trade-in, etc.)</i>	
Account #: Sub-Account # <i>(If required)</i> : Split <input type="checkbox"/> % with Account #: Sub-Account # <i>(If required)</i> :					
QTY	UNIT	UNIT PRICE	CATALOG #	DESCRIPTION	TOTAL
1, 2...	ea., case, bag, etc.	\$0.00		Description of Item or <u>exact web site link.</u>	\$ -
ESTIMATED TOTAL					

*Please use additional sheet if needed

Please email this request to Cheryl Moore cherylmoore@arizona.edu (Tucson Campus) or
 Karina Cabrera klcabrera@pharmacy.arizona.edu (Phoenix Campus)

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To request office, lab, and other supplies for PPS:

1. Fill out the Purchase Form. To ensure that your order is correctly processed in a timely manner, the form should be filled out completely and sent via email.
2. As soon as it is known that supplies will be needed for an event, class, workshop, etc., submit the Purchase Form allowing time for back orders and supply chain issues. If the order is “Urgent”, please mark it in the provided space on the form.
3. Be sure the Account Supervisor/ P.I. is aware of and approves of purchase.
4. Justification/Business Purpose must be detailed Per Arizona Constitution, Article 9, Section 7 regarding public funds. [UArizona Business Purpose Guide](#) An order with an Insufficient Business purpose will be returned for modification.
5. There is a space for any *additional/special instructions* for the order.
6. A UArizona account number is necessary for order payment. This should be a 7 digit # and if there is a sub account, that should also be included. (Example: 0000000-D1905)
7. If a catalog or item # is not available, please provide the link to the exact item being requested.
8. Send completed order form to Cheryl Moore cherylmoore@arizona.edu (Tucson Campus) or Karina Cabrera klcabrera@pharmacy.arizona.edu (Phoenix Campus)
9. Be sure to include any Quotes, Trade-in information, or necessary paperwork with your request.

Where to place the form:

R. Ken Coit College of Pharmacy Documents | R. K. Coit College of Pharmacy (arizona.edu)

Under “Miscellaneous”