

## HUB Purchasing Order Form

PERSON SUBMITTING REQUEST	PHONE	EMAIL
ORDER DATE	DATE NEEDED	PI NAME
DELIVER-TO PERSON	BUILDING	ROOM NUMBER
SPEEDTYPE	SUGGESTED VENDOR NAME	VENDOR PHONE
VENDOR WEBSITE	QUOTE NUMBER	

QTY	UNIT	DESCRIPTION	CATALOG/ITEM #	UNIT \$	EXT \$
				SUBTOTAL	
SHIPPING AND HANDLING CHARGES (To Be Added by Person Placing Order)					
ORDER TOTAL					

COMMENTS/SPECIAL INSTRUCTIONS
<b>WILL THE ITEMS BE USED ON HUMANS OR ANIMALS? NO      YES      IF YES, PLEASE PROVIDE IACUC OR IRB PROTOCOL NUMBER &amp; PI NAME</b>

<b>SECTION BELOW TO BE COMPLETED BY PERSON PLACING THE ORDER</b>			
DATE & TIME ORDER PLACED	NAME OF CUSTOMER SERVICE REP	<b>FedEx</b>	<b>UPS</b>
SHIP DATE	DELIVERY DATE	Priority Overnight _____	Standard Overnight _____
CONFIRMATION NUMBER		Two-Day Shipping _____	Three-Day Shipping _____
		Ground _____	Other _____
ADDITIONAL NOTES REGARDING ORDER			

Email to: [hubpurchasingtande@case.edu](mailto:hubpurchasingtande@case.edu)