

**DEPARTMENT OF BIOMEDICAL ENGINEERING
Procurement Order Form**

COMPLETE ALL INFORMATION.

Vendor Name: _____
 Date Order Placed: _____
 Vendor Rep/Contact: _____
 Order Confirmation # _____

Last 4 digits from Procard: _____
 Person Placing Order: _____
 Lab/Room # _____

Ship To: University of Kentucky
 Department of Biomedical Engineering
 Robotics and Manufacturing Bldg, Room # _____
 143 Graham Ave
 Lexington, KY 40506-0108

Item Info	Item Description	Qty	Unit (ea, bx, cs)	Unit Cost	Total

Subtotal _____
 HazMat/Shipping Charge _____
ORDER TOTAL

APPROVAL: _____

LAB ADVISOR/PROJECT PI SIGNATURE REQUIRED BEFORE PLACING AN ORDER OR IN-STORE PURCHASE.

Cost Center/Grant Account to Charge: _____

Under "Description of Purchase" indicate lab supplies, books, computer software, memory for computer, etc.
 Description of Purchase: _____

Under "Justification of Purchase" list the project/lab the items will be used for and how the items will be used.
 Justification of Purchase: _____

This statement certifies that the Principal Investigator has verified this order and it is directly related to the scientific aims and/or the research strategy of this project.

Give the approved form to Sue Mills in Room 522 RMB, or email to bsmill01@uky.edu.

BUSINESS OFFICE USE ONLY
 Procard Holder:
 Cost Center/WBS element assigned:
 Date of Procard Edit:
 Date Posted: