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5 (4 8 (6 7

VENDOR: _____

Office Use Only

ADDRESS: _____

Requisition# _____

PHONE: _____

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& K H F N R Q H 6 2 & , \$ / 6 & , (1 & (6 3 + < 6 , & \$ / 6 & , (1 & (/ ,) (6 & , (1 & (6
' (/ , 9 (5 7 2 & \$ 0 3 8 6 1 2 5 7 +) \$ < (7 7 (& (1 7 5 \$ / 6 2 8 7 +

Requester's Name (Please Print) _____ Date _____

Requester's Signature: _____ Date _____

Dean's Signature _____ Date _____

ACCOUNT CODE	QUAN	UNIT	UNIT COST	Catalog #	DESCRIPTION	TOTAL
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					Shipping/handling charges	
					Total amount of request	

OTHER COMMENTS: (Needed by, deadline, etc.)