

PROCARD ORDER WORKSHEET

Vendor: _____

Today's Date: _____

Your Name: _____

Phone: _____

Statement of Use: _____

Ship to and billing address:
 UNIVERSITY OF KENTUCKY
 Chemical and Materials Engineering
 177 F. Paul Anderson Tower
 512 Administration Drive
 Lexington, KY 40506-0046
 Phone: 859-257-5823
 Fax: 859-323-1929

APPROVAL:

 (Advisor signature REQUIRED)

Cost Center/WBS # _____
 (REQUIRED)

***Control #:** _____
 (MUST BE OBTAINED BEFORE PLACING ORDER)

Is this item available from VWR? Yes No

Reason for choosing this vendor over VWR: _____

Catalog #	Description	Qty	Unit	Unit Cost	Amount
				SUBTOTAL	
Refrigeration, HazMat, Shipping, Handling					

Comments:

*For Control #, e-mail cmeorders@engr.uky.edu before placing order.