

PURCHASING/ORDERING REQUEST

Center for Advanced Imaging

Please complete this form when requesting any item to be purchased through Center for Advanced Imaging funds (grants, UHA, Foundation, Start up, State, etc.)

Date of Request: _____

Person Completing Request: _____

Phone Number of Person Completing Request: _____

Funds to be used for purchase: _____

(Grant name, start up, UHA, Foundation, State, etc...)

Equipment for:

Clinical Use

Research Use

Signature of Faculty Researcher Requesting Purchase:

Quote Attached?

YES

NO

3 quotes are required by WVU for grants

2 quotes required by UHA; unless sole-source vendor which requires a letter stating that they are a sole source vendor.

Sole Source Vendor?

YES

NO

Additional Comments:

QUOTES AND ANY ADDITIONAL INFORMATION SHOULD BE STAPLED TO THIS FORM.

Administrative Office use only:

Raymond R. Raylman, Ph.D. Vice Chair of Research

Date

Date Submitted for Departmental Approval: _____

Initials of Person accepting request: _____

Notes: