

**University of Michigan  
Pathology Requisition**

5231E Med Sci 1  
1301 Catherine Road  
Ann Arbor, MI 48109-0602  
Phone: 734-936-0460  
Phone: 734-936-1891  
Fax: 734-936-7361

*Return this form **no later than 1:00 p.m.**  
on the day you wish the order to be placed.*

*This box will be completed by the Research Admin Office*

**Order Information**

**Delivery Information**

Req# \_\_\_\_\_ Order Date \_\_\_\_\_  
PO# \_\_\_\_\_ Ship Date \_\_\_\_\_  
Vendor# \_\_\_\_\_ DelivDate \_\_\_\_\_  
Cust# \_\_\_\_\_ Spoke to \_\_\_\_\_  
Quote# \_\_\_\_\_ Reference \_\_\_\_\_  
Clearance# \_\_\_\_\_  
M Path Req# \_\_\_\_\_

*All shaded areas **must** be completed in order for requisition to be processed.*

**Current Date** \_\_\_\_\_

**Authorization**

**Regular** \_\_\_\_\_ **Next Day PM** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_

**Next Day AM** \_\_\_\_\_ **Second Day** \_\_\_\_\_

**Authorized Printed** \_\_\_\_\_

**Contact Phone** \_\_\_\_\_

*I certify that the terms, restrictions, and qualifications set forth in this form's  
administration policy are met and that the payments are in compliance with  
all conditions imposed by the funding source.*

**Contact Person** \_\_\_\_\_

**To be delivered to:**

**Lab** \_\_\_\_\_

**Suggested Source**

**Vendor Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Vendor Address** \_\_\_\_\_

**Attention of** \_\_\_\_\_

**City, St, Zip** \_\_\_\_\_

**Rm, Bldg, Zip** \_\_\_\_\_

**Vendor Phone** \_\_\_\_\_

**Vendor Fax** \_\_\_\_\_

**Chartfield Combination**

Category	Account	Busn	Fund	Org	Program	SubClass	Project/Grant	Legacy/Short Code
		UMICH		251000				

	Quantity	Unit	Catalog #	Description of Material or Services Required	Cost	Confirmed Cost
1						
2						
3						
4						
5						
6						
7						
8						

Shipping and Handling

**Special Notes:**

**Encumbered Total:**