

-Digital Technology Center Purchase Request Form-

499 Walter Library • accounting@dte.umn.edu • 626-3552

Date

Date needed

Account to charge

Justification (Include: Who, What, When, Where, Why and How the purchase benefits the University or project)

Vendor

Complete Address

Special Instructions

Quantity	Description (List Part # first)	Cap Equip?*		Unit Price	Subtotal
		Y	N		

*Capital Equipment: Indicate Yes/No if this line item is a component for completed item with total costs over \$2,500

Ú@}^A Grand Total
Email

PI/Faculty Approval

All fields required. Hard signature required if not directly forwarded to accounting by PI/Faculty. Incomplete forms will not be processed.

