

(purchases under \$5K)

If website or telephone is chosen please provide either the website or phone #

Qty	Item #	Detailed Description	Price
		Shipping	
		TOTAL	

**If restricted (3xxxxx/8xxxxx), the restricted fund section below is required.*

<input type="checkbox"/> RESTRICTED FUNDS	<input type="checkbox"/> FEDERAL FUNDS	<input type="checkbox"/> Principle Investigator Approval
Fund Name _____		Signature: _____ Date _____
Along with this Equipment Requisition Form please send one of the following: *Copy of Budget <u>OR</u> *Budget Narrative <u>OR</u> *Sponsor Approval		
SPA Approval _____ Date: _____		
E-Mail request in advance of purchase to spaccounting@controller.msstate.edu		