Equipment Requisition Form (purchases under \$5K)

Departi	ment:		Request Date			
Card A	dministrator:		Phone #:		Fax #:	
Please	circle one of the following:	In store purchase /website ord	der /telephone order	Date Ordered:		
If webs	ite or telephone is chosen pl	lease provide either the website	or phone #			
VEND	OR:					
Qty Item#		Detailed Description			Price	
				Shipping TOTAL		
				TOTAL		
Requestor signature:				Date:		
Approver signature: Date:						
Fund*_	Org	Account	Program_	Activity		
*If rest	ricted (3xxxxx/8xxxxx), the r	restricted fund section below is i	required.			
	RESTRICTED FUNI	DS FEDERAL	L FUNDS	Principle Investigator A	pproval	
	Name					
		sition Form please send one of get Narrative OR *Sponsor A	\sim	gnature:		
	• —		Da	ate		
SPA A	ApprovalE-M	D Mail request in advance of purch	ate: hase to spaccounting@cont	roller.msstate.edu		