

# Equipment Requisition Form

(purchases under \$5K)

Department: \_\_\_\_\_ Request Date \_\_\_\_\_

Card Administrator: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Please circle one of the following: In store purchase /website order /telephone order Date Ordered: \_\_\_\_\_

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

VENDOR:

Qty	Item #	Detailed Description	Price
		Shipping	
		<b>TOTAL</b>	

Requestor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approver signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fund\* \_\_\_\_\_ Org \_\_\_\_\_ Account \_\_\_\_\_ Program \_\_\_\_\_ Activity \_\_\_\_\_

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

**RESTRICTED FUNDS**

**FEDERAL FUNDS**

**Principle Investigator Approval**

Fund Name \_\_\_\_\_

Along with this Equipment Requisition Form please send **one** of the following:

\*Copy of Budget **OR** \*Budget Narrative **OR** \*Sponsor Approval

Signature: \_\_\_\_\_

Date \_\_\_\_\_

SPA Approval \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail request in **advance** of purchase to [spaccounting@controller.msstate.edu](mailto:spaccounting@controller.msstate.edu)