BIOLOGICAL CHEMISTRY

 PALCard Request

Send completed PALCard request form to Isabella Davidson davidsoi@hs.uci.edu

**Requested by:** \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Lab Ph #:** \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **- OFFICE USE ONLY -****DATE ORDERED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Project Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SPOKE TO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **­­­­­­­­­****ORDER CONFIRMATION #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_**DELIVERY DATE:** \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

**Deliver to (PI name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bldg/Rm: ­­\_\_ \_\_\_\_ Lab Ext#: \_\_\_\_\_\_\_**

**Date Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vendor Ph#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Account# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
|  | **QTY** | **UNIT** | **ITEM DESCRIPTION** | **CATALOG #** | **UNIT PRICE** | **TOTAL** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| **QUOTE#/SPECIAL INSTRUCTIONS TO PURCHASER:** | SUBTOTAL |  |
| S&H |  |
| TAX |  |
| **TOTAL** |  |