☐ **"NEW" vendor** (complete a vendor questionnaire form)
*All new vendors must be approved by Purchasing and must provide a Federal ID No.

Purchasing Use Only:
P.O. DATE _____
P.O. # _____

Progenitor Technologies

☒ Requisition Form ☐ Change Order Form

Date 06/01/09

For OC Internal Use Only **THIS IS NOT A PURCHASE ORDER**

SUGGESTED VENDOR	
NAME Rat Research & Resource Center	REQUISITIONER Progenitor Technologies, US
ADDRESS Room 5188 4011 Discovery Dr.	DEPARTMENT Research + Development
Columbia, MO 65201	TELEPHONE EXT.
TELEPHONE # 1-888-673-3444	CAMPUS LOCATION Sub Basement Level
FAX # 573-882-9857	

NOTES:
Attach ALL copies of any quotes received. (email or fax with this requisition)
A minimum of two (2) quotes are required if the cost is over $1000 or a minimum of three (3) quotes are required if the cost is over $5,000, unless the items purchased are on a contract with an authorized/approved vendor.
A certificate of insurance must be submitted or be on file in Purchasing if this purchase is for contract services.
Incomplete Requisition forms will not be processed and will be returned to you for completion.

SHIP TO:
DEPARTMENT: Research + Development
ADDRESS: 572 E. Atlast Road
Peabody, MA 01960

REF. ID. 001 ATTENTION: Wayne McGarvis

TERMS	F.O.B. FRT TERMS	QUOTE REF.	QUOTE DATE	DATE REQUIRED: (ASAP NOT Applicable)
			05/20/09	ASAP

QUANTITY	UNIT/M	Vendor Part No.	FULL DESCRIPTION OF PURCHASED ITEMS	UNIT PRICE	TOTAL AMOUNT
60	EA	20156	fully mature male rats	77.5	$4650
60	EA	20157	fully mature female rats	79.0	$4740
50	EA	20133	4 weeks old children rats (male)	66.5	$3325
50	EA	20132	4 weeks old children rats (female)	69.75	$3487.5
				TOTAL	$16,202.5

Unit of Measure: **QT**-Quart **OZ**-Ounce **LB**-Pound **RM**-Ream **EA**-Each **BX**-Box **FT**-Feet **ST**-Set

Check One from each of the following lists:

Processing Instructions:
☐ FAX PO
☐ MAIL PO
☐ SEND BACK TO DEPT.
☐ Email _____
☒ Other online

Source of Prices:
☒ Quote Attached
☐ Phone Quote
☐ Catalog Price
☐ Last Order
☐ Other _____
☐ Internet:web address _____

Reason for Vendor Suggested:
☐ Best Price
☐ Best Delivery
☒ Previous Supplier
☐ Under Contract
☐ Only Known Source

Delivery Date Indicated is:
☐ Essential - Cancel Order if material can *NOT* be delivered by this date.
☒ Desired Date

FOAP ACCOUNT (Required)
FUND # 9 0 0 0 0 (5 DIGITS)
ORGN # 9 0 0 4 _ _ (4/6 DIGITS)
ACCOUNT # 8 9 9 9 (4 DIGITS)
PROGRAM # 9 9 (2 DIGITS)

Project # _ _ _ _ _ _ _ _ (4/8 DIGITS) (Optional)

APPROVAL SIGNATURES By signing this document you acknowledge you are authorized to procure the items listed on behalf of Oberlin College and/or your department/or organization.

Advisor: Wayne McGarvis
Organization Treasurer: Zimone
SFC Treasurer: 6-1-09
PURCHASING:

SPECIAL INSTRUCTIONS: Please expedite this payment. We are so close!

Purchasing use only: order placed via ☐ fax ☐ phone ☐ on-line ☐ PDF/E-mail ☐ Do Not Confirm ☐ Certificate of Insurance