



UNIVERSITY OF VICTORIA FACULTY OF SCIENCE
REQUISITION TO SCIENCE STORES

Requisition number: _____

Date form received at Stores: _____

Date Stores placed order: _____

**Denotes a mandatory field*

USER DETAILS	ACCOUNT INFO	SUPPLIER DETAILS
Contact*: _____	Stores Short Code*: _____ <i>*(if it exists)</i>	Company Name*: _____
Email*: _____ <i>(uvic.ca address preferred)</i>	Fund* Orgn* Acct/Actv (optional)	Website: _____
Lab Phone #*: _____	FAST Code: _____ <small style="margin-left: 40px;">5 digits 5 digits</small>	Address: _____
Alt. Lab Contact: _____	Physical Signature: _____	_____
Alt.Ph/email: _____	ATTN Authorizer: Please DO NOT sign this form electronically. Submit by email and please write "I approve" in the body of the email.	Phone: _____

Shipping option: Economy | Rush Currency: _____ Confirmation: _____

QUANTITY*	CATALOG NUMBER*	DESCRIPTION*	UNIT COST	EXTENDED COST

Please include any special instructions, quote numbers, special requests or extra information, including reason for purchase when required, in the description section. The total price indicated does not always include other related costs, including taxes, shipping, customs brokerage charges, or the GST rebate. The complete cost will be posted to the FAST account(s) indicated upon payment of the goods.

	GST
	PST
	TOTAL