

Date:

# PURCHASE REQUEST FORM

**Virginia Tech College of Engineering**  
**DEPARTMENT of BIOMEDICAL ENGINEERING and MECHANICS**  
333-C Norris Hall (0219)  
Blacksburg, Virginia 24061

Professor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Student's Name: \_\_\_\_\_

ID#\* \_\_\_\_\_

Email Address: \_\_\_\_\_

*\* ID# is only required for reimbursement requests*

Complete  
Company Name  
and Address  
Required

Qty/UOM**	Product No.	Service/Product Description	\$Unit Price	\$Total Price
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\*\* Unit of Measure

Total Amount: \$ \_\_\_\_\_

Fund No./Amount: \_\_\_\_\_

Fund No./Amount: \_\_\_\_\_

Fund No./Amount: \_\_\_\_\_

Additional  
Information:

*If sending form to advisor for approval via email; please make sure to print form as .pdf before sending it as an attachment, so that the form retains your information.*

Professor's Signature \_\_\_\_\_