

Emergency Purchase Order Request

Vendor Name: _____
 Vendor Address: _____
 Vendor Phone: _____ Federal Tax ID: _____
 Vendor Fax: _____ Vendor ID (if known): _____

| Order Line | Description | Quantity | Unit Price | Extended Price |
|------------|-------------|----------|------------|----------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |

Total Price

Ship To Address: _____
 Ship To Contact Person: _____ Contact's Phone: _____
 Bill To Address: University of Houston, PO Box 948, Houston, TX Bill To: Phone 713-743-8700
 77001-0948 Bill To: E-mail ap@uh.edu

Purpose/Benefit: _____

Cost Center/Account: Cost Center (BU-Fund-DeptID-Program-Budget Ref-Project) Account Amount

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Total Amount

Certifying Signature: _____ Date Signed: _____
 Name of Certifying Signatory: _____ Dept. Name: _____

PURCHASING DEPARTMENT USE ONLY

Purchasing Buyer Signature: _____ Date Signed: _____
 Name of Purchasing Buyer: _____ Buyer's Phone: _____
 Emergency PO ID: _____

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Form Instructions

1. Complete as much information as possible.
2. Indicate the critical nature of this purchase in the Purpose/Benefit section.
3. A certifying signatory must sign the form and email it directly to Purchasing.
4. Email the form to purchasing_emergency@uh.edu.
5. Purchasing will review. If approved, Purchasing will forward the purchase request form to the vendor.