

THE LAWRENCE HALL OF SCIENCE

BEARBUY REQUISITIONS & SERVICE AGREEMENT PURCHASE ORDER REQUEST FORM

Request Date: _____ Requisition Submission Date: _____ Fiscal Year: _____ BearBuy Requisition #: _____

VENDOR NAME/ADDRESS	Is the Supplier set-up as a vendor in BearBuy? Yes <input type="checkbox"/> No <input type="checkbox"/> Vendor # _____	Processing with a bluCard instead? YES
NOTE: Purchase requests over \$1K require Department Authorized Approval		

Business Reason:

Charging a Contract / Grant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	For Non C&G, is this expense approved on your FY25/26 Budget? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, explain below how your budget will cover this expense?
If yes, list budget line item: _____			

Super Shopper/ Requester:	DUE DATE	ITEMS FOR RESALE? YES <input type="checkbox"/> NO <input type="checkbox"/>
Receiver of Goods/Service:		
Super Shopper's Email:	Drop Shipping to Home? YES <input type="checkbox"/> NO <input type="checkbox"/>	Resale # SR-CH-21-135302

CHART OF ACCOUNTS TO CHARGE:

ACCOUNT	FUND	DEPT	PROGRAM	CF1	CF2	PC BU <small>For C&G Only</small>	PROJECT <small>For C&G Only</small>	ACTIVITY <small>For C&G Only</small>	TOTAL
						GM100		01	
						GM100		01	

QTY	ITEM DESCRIPTION	UNIT PRICE	TOTAL
1.			
2.			
3.			
4.			
5.			

APPROVALS:	Printed Name	Signature Approval	Date
Dept Authorized Approver:	Florencia Ramos, Deputy Director, LHS		
Director/PI Approval:			
Financial Analyst Approval:			
bluCard Holder Name:			
			SUBTOTAL \$
			SHIPPING \$
			SALES TAX \$
			TOTAL* \$

Please attach additional sheets if more room is required. Please attach appropriate back-up documentation when necessary.
***Note: The above signers hereby authorize the purchase of the specified item(s) for the quoted price, with reasonable additional fees assessed by the vendor.**
Last Updated 11-6-2025