**School of Medicine**

**Requisition form for purchasing (non-Oracle requisitioners)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of item** | **Catalogue no.** | **Pack size** | **Quantity** | **Cost** |
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|  |  |  | **Total** |   |

|  |  |
| --- | --- |
| Name of supplier |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Project Number (Research project spend only) | Cost Centre | Detail code (if known) | Analysis code |
|   |   |   |   |
|  |  |  |  |
| VAT exempt | Yes | No |  |  |
|  |[ ] [ ]   |  |

|  |  |
| --- | --- |
| Name |   |