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Revised 11/2024

Department of Psychology

**Print Name** 

## **Purchase Request Form**

Please complete the form in its entirety for each vendor and email to <a href="mailto:PSYCPurchases@umd.edu">PSYCPurchases@umd.edu</a> along with specific links to the items as necessary. Allow 48 business hours to complete your request once the executed documentation is received for UMD procurement card transactions. Incomplete forms will be returned. Although the business reason may be obvious to the lab, we need the **specific reason** for each item to add to the campus procurement transaction log.

Orders above \$5,000 cannot be allocated on a UMD procurement card and must be placed in Workday with a longer process time. Recurring monthly or yearly charges require an update Purchase Report Form dated in the current fiscal year.

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Your Name			Dla a	M		
Your E-mail			Phone	Number		
Suggested Vendor (d						
Suggested Vendor A						
Suggested Vendor T	elephone Number					
tems to be ordered	l:					
	Item Description	Driver Worktag	Project Name	Estimated Unit Cost	Quantity	Total
Item 1						
<b>Business Reason</b>						
	Item Description	Driver Worktag	Project Name	Estimated Unit Cost	Quantity	Total
Item 2						
Business Reason						
	Item Description	Driver Worktag	Project Name	Estimated Unit Cost	Quantity	Total
Item 3						
Business Reason		-				
	Item Description	Driver Worktag	Project Name	Estimated Unit Cost	Quantity	Total
Item 4						
Business Reason		1		•	·	
	Item Description	Driver Worktag	Project Name	Estimated Unit Cost	Quantity	Total
Item 5						
<b>Business Reason</b>		,			1	
<u>'</u>						
Additional Comments	s, Information of Justific	ntion for the Purchase Rec	quest:			

Signature and Date