**Start Up   
Request Form**

Available balance prior to purchase:

Available balance after purchase:

Computer/Software Purchase:   
\_\_\_\_\_\_ Clip’s Initials

Requested By: Date: \_\_\_\_\_\_\_\_

Department: Fund/Cost Center/IO:

**Vendor information**: Limit of 3 vendors per form

|  |  |  |
| --- | --- | --- |
| Vendor | Vendor Contact Person | Vendor Contact Number |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**For items not listed on approved start-up list, please give a brief explanation how items will benefit your research.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Purchases**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Forms/  Quotes  Attached  Y or N | Item/SKU  Number | Detailed  Description  Of item | Quantity | Unit  Cost | Total  Cost | Comments |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Subtotal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair/Director Approval Dean’s Approval