

Scholar/Mentor Purchase Request Form

Instructions: This request is to be completed with the assistance of your mentor and submitted to the McNair office for routing purposes. Please include academcic department contact information of the person who will be placing (if applicable) the order or for shared funding purposes.

No.	Qty.	Unit	Complete Description	Unit Price	Total
1	0	EA		0	-
					-
					-
					-
					-
					-
					-
					_
					-
			Subtotal		-
			Est. Freight (enter a percentage here)	0%	-
			Estimated Tax	8.3%	-
			Approximate 10ta	l Amount of Order	-
(Print) Scholar Name:				Date:	
Signature:					
Mentor Signature				Date:	
McNair Approval:			:	Date:	
Academic Department:					
(Authorization for shared funds) Contact:					
Phone:					
Email:					