Freezer Program Order Form

V. 8/2021

|  |  |
| --- | --- |
| Freezer Program staff use only: | Please send completed order form to: |
| Order #: | dnaseq@maine.edu |
| Received: |  |
| Delivered:  | Please verify ChartFields before submission |
| PO#: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Name →** |  | **Order Date →** |  |
| **Department →** |  | **Your PI →** |  |
| **Your Address for Delivery Notification →** |  |
| **University of Maine System ChartFields (Fields marked with \* are required)** |
| **Dept ID\*** | **Account** | **Class** | **Fund\*** | **Program** | **Project** |
|  |  |  |  |  |  |

Select the Vendor from the Drop-Down List (use one form per vendor):

Click Here to Choose the Vendor

For each item you would like to order from this vendor, enter the appropriate information below. If you do not know if there is a discount for your item, please enter the list price. We’ll inform you of any discounts.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item Description** | **Catalog Number** | **Unit Size** | **Price per item** | **Quantity** | **Total** |
|  |  |  |  |  |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|   **Lab Order Total:** |  |