

# Purchase Request



**Name:**

**Position/PGY:**

University of Louisville Department of Urology  
 234 E. Gray Street, Suite 662  
 Louisville, KY 40202  
 Phone: 502-588-4746  
 Fax: 502-588-9537

<http://louisville.edu/medschool/urology>

<b>Item requested</b>			
<b>URL (if applicable)</b>			
<b>Date of request</b>		<b>Date requested by</b>	
		<b>TOTAL COSTS (Office Use Only)</b>	
		<b>Item(s)</b>	
		<b>Shipping costs</b>	
		<b>TOTAL</b>	

<b>Reason for request:</b>	
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Once completed, print form and submit to residency coordinator for calculation and approval.

**Signature:**

**Approved By:**