|  |  |
| --- | --- |
| **final copy** | **EASTERN MEDITERRANEAN UNIVERSITY** **Type C Scientific Research Project Request Form for Purchase of Goods/Materials and Services**  |
| 1. This form is completed and submitted to the relevant Faculty or School by the project managers wishing to benefit from the “Scientific Research Budget” within the framework of Scientific Research Research Budget Application Principles.
2. Requested goods and services should be specified on the project application form. Requests for any goods and services not appearing on the application form will not be taken into consideration.
3. The purchase Form is expected to be duly completed; type, quality, amount/number of goods should be specified carefully. No payments are issued for requests without invoices.
4. A print-out of this form which should be completed in the electronic format (Microsoft WORD) should be submitted to the relevant unit.
 |

|  |
| --- |
| **Project Manager** |
| Name Surname |       |
| Title |       |
| Faculty/School |       |
| Department |       |
| e-mail address |     @     | Office Tel. No |       |
| Signature |  | Date |       |

Within the framework of the project on which relevant information has been provided, I kindly request the purchase of the following services/materials/equipment specified below from the project budget.

|  |
| --- |
| **Information on the Project**  |
| Project No |       |
| Project Title |       |
| Project Budget |       TL |
| Amount Spent |       TL | Remaining Amount |       TL |

|  |
| --- |
| **GOODS AND/OR SERVICES TO BE PURCHASED**  |
| No | Subject  | Firm/Person to Whom the Payment Will Be Made  | Amount | Price Per Unit | Total Amount |
| **1.** |       |       |       |       |       |
| **2.** |       |       |       |       |       |
| **3.** |       |       |       |       |       |
| **4.** |       |       |       |       |       |
| Attachment 1 | **Total:** |       |

|  |
| --- |
| **Approval of the Project Evaluation Group**  |
| Decision | **[ ]**  | Approved | **[ ]**  | Rejected | Approved Amount |  |
| Chair of the Project Evaluation Group  |       | Signature |  | Date |  |

|  |
| --- |
| **Approval of the Faculty Dean / School Director**  |
| Dean / Director |       | Signature |  | Date |  |

|  |
| --- |
| **Approval of the Vice Rector**  |
| Vice Rector | Prof. Dr.  | Signature |  | Date |  |

|  |
| --- |
| **Approval of the Financial Affairs Directorate**  |
| Project Budget | TL | Amount Spent | TL | Remaining Amount | TL |
| Name Surname  |       | Signature |  | Date |  |

**Att 1:** Pro forma Invoices of the Requested Goods/Materials and Services

Distribution:

* Project Manager
* Relevant Faculty/School and Chair of the Project Evaluation Group
* Research Advisory Board Chair
* Purchasing Directorate