|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of Request |  | MM |  | DD |  | YYYY |

**Order/Contract Request Form**

\* Order/Contract procedures must be taken when the price for one order or one set is 100,000 yen or more.

\* Attach catalog, specifications and similar documents (copies are acceptable). Attach an estimate if one has been obtained.

\* Please select the desired spending budget you wish to use, fill in the areas encircled with the thick solid line, and submit it to the affiliated Research Office.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Spending Budget |  | Individual Research Allowance |  | Delegated Research  ( ) | Grants-in-Aid for Scientific Research - KAKENHI - | | | | | |
|  | Research Environment Enhancement Funds |  | Extramural Collaborative Research ( ) |  | Grant-in-Aid for Transformative Research Areas |  | Scientific Research ( ) |  | Young Scientists ( )  Early-Career Scientists |
|  | Program for Application of the Grants-in-Aid for Scientific Research (KAKENHI acquisition promotion) |  | Contributions for Encouraging Research  ( ) |  | Scientific Research on Innovative Areas |  | Challenging  Exploratory  Research  Challenging  Research ( ) |  | Research Activity Start-up |
|  | Program for International Dissemination of Research Results |  | Management of Carried-Over Research Funds  ( ) |  | JSPS Research Fellows |  | Other ( ) | | |
|  | Other Internal Programs  ( ) |  | Other External Funds  ( ) |  | [Share of the Grant-in-Aid] |  |  | | |
| Affiliation of Representative: Item: | | | | |

|  |
| --- |
| \* Name of the Research Representative |
|  |

* Write in the name of the research representative below if the budget type is one of the following: Collaborative Research such as KAKENHI, G-COE, and Advanced Research Programs at Ritsumeikan University.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant | Affiliation: |  | Position: | |  | | | Name: | |  | | | |
| Name of Goods/Order | | | Amount | | | Specifications/Model | | | | | | | Manufacturer |
|  | | |  | | |  | | | | | | |  |
|  | | |  | | |  | | | | | | |  |
|  | | |  | | |  | | | | | | |  |
| Budget Upper Limit | |  | | | | yen | Desired Delivery Date | | | |  Yes by MM/DD/YYYY | | |
|  Delivery date left up to business selected  (Price can be prioritized) | | |
| Request multiple quotes for amounts between 100,000 yen and 1,000,000 yen | | | | | | | □Yes （ Obtain multiple quotes from multiple vendors. ）　　　　　　　　　　　　　　※ If there is no check mark, we will select the supplier (including the supplier who submitted the quotation), taking into consideration the past experience of placing orders for similar projects. | | | | | | |
| Place of Installation | | Name of Campus: | |  | | | | | Floor: | | |  | |
| Name of Bldg. | |  | | | | | Name of Laboratory: | | |  | |
| Notes (Notes to Executive Office, use purposes, etc.)  \* If the place of delivery is different from the place of installation, state the place of delivery here. | | | |  | | | | | | | | | |

[The Following is for Executive Office Use Only]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Budget Unit | |  | | Operation | |  | | Statement | |  | | Budget Item | |  | |
| Code | |  | | Code | |  | | Code | |  | | Code | |  | |
| Accounting Item |  Equipment and Fixtures | |  Expenditure for Accessories | |  Consumable Supplies | |  Printed Book Expenses | |  Outsourcing Expenses | |  Consumable Book Expenses | |  Deposit of KAKENHI  ( ) | |  Other  ( ) |
| Code | 3395131 | | 3111114 | | 3111111 | | 3111193 | | 3111291 | | 3111112 | |  | |  |

\* Sole-source procurement is generally not possible.If goods satisfying specifications can be delivered only by a specified company, write down the corresponding reasons under supplier selection reason of the "Reason for Selection [Research Division Form 1-6]", and, together with the evidence materials, attach these to this form.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reason for Purchase Selection | | Inspection and acceptance of special services | |  |  | | --- | --- | | Budget balance | yen | | Received by |
| Attached/ | Not attached | □Required |  |
| Check only when acceptance inspection is required for special services such as digital content development. |