REQUEST FOR PURCHASE ORDER

P.O. _____
(TO BE ASSIGNED BY PURCHASING DEPT.)

TO: **Purchasing Dept.**

CAMPUS BOX K - 237
PHONE: Ext. 7253
FAX: Ext. 7854

REQUESTOR'S NAME _____

DEPT _____ CAMPUS BOX _____

PHONE _____ FAX _____

SUGGESTED VENDOR				DATE
ADDRESS		CONTACT NAME		
CITY	STATE	ZIP	PHONE	FAX
TERMS	DATE REQUIRED	SHIP VIA		

QUANTITY	DESCRIPTION	STOCK NUMBER	UNIT PRICE	TOTAL

COMMENTS:

DISPOSITION OF ORDER

- ☐ MAIL AS ORIGINAL ORDER
- ☐ MAIL AS CONFIRMING ORDER
- ☐ DO NOT SEND P.O.
- ☐ SEND CHECK WITH P.O.
- ☐ FAX AS ORIGINAL ORDER
- ☐ FAX AS CONFIRMING ORDER
- ☐ RETURN P.O. TO REQUESTOR

SHIPPING & HANDLING	
TOTAL	

IF ACTUAL PRICE IS NOT AVAILABLE, PLEASE ESTIMATE

ACCOUNT TO BE CHARGED _____

APPROVED BY

APPROVED BY (V. P. IF REQUIRED)