

PURCHASE ORDER

Type of Funds: _____ Internal: _____ Account: _____
 Budget: _____ Cost Strip: _____

Name: _____ Date: _____

Room Number: _____ Extension Number: _____

Vendor: _____

Address: _____ Vendor Phone Number: _____

City, State, Zip: _____ Vendor Fax Number: _____

Item#	Description	Quantity	Unit	Unit Price	Extended Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
	Shipping & Handling				\$
	Total Order Amount				\$
	Please attach a copy of the front of the catalog and the pages you're ordering from.				

APPROVED BY: _____