College of Pharmacy

PURCHASE ORDER FORM

45121

Account Number: _____ Quote:_____

Account Name: _____

03/13/2019

Date: _____ Date Needed: _____

VENDOR INFORMATION

Doose's Market

Vendor Name: _____

Address: _____

City: _____

ROUTINE
Generally delivered within two weeks.

EMERGENCY
If needed before two weeks.

State/Province: _____ Zip/Postal Code: _____

Deliver To

Phone Number: _____ Bldg # _____ Room # _____ Lab #_____

Fax Number: _____

Person placing the order _____

Item #	Description	Quantity	Unit Price	Amount
5436	Labeler	5	15	75
		TOTAL		$75.00

Purpose of Purchase: _____

_____

Requested By: _____

Authorized By: _____

The items requested above are for official University business.

Note: Department/Unit Administrative Staff will make a determination about the mode of purchase (E-purchase or P-card).