

# Biology Department Purchase Order Form

PI / Lab \_\_\_\_\_ Authorization \_\_\_\_\_ Speed Type/Grant \_\_\_\_\_

Vendor Name \_\_\_\_\_

Vendor Phone # \_\_\_\_\_

Account # with Vendor \_\_\_\_\_

Delivery Location  Kell Hall  NSC  Other \_\_\_\_\_  
 \_\_\_\_\_

Shipping Priority  Overnight  2nd day  Ground (5-7 days)

1	Quantity	Catalog #	Description	Unit Cost	Extended Cost
2					
3					
4					
5					
6					
7					
8					
9					
10					

Person placing order (PRINT) \_\_\_\_\_ Email / Phone \_\_\_\_\_

Office Use Only

Order placed by : \_\_\_\_\_ Date \_\_\_\_\_

Est. Date of Arrival : \_\_\_\_\_ Conf. # : \_\_\_\_\_ Emailed conf. # \_\_\_\_\_