

Purchase Information

Date of request: _____

Purchase Order Number: _____

Requester/Purchaser Name: _____

Tax Exempt ID E-5411

PO Reference Number Generator

PI/Supervisor Signature _____

Business Center Signature _____

Business Center Signature _____

Please select on of the following options:

- Already Ordered/Purchased - Select payment method, complete all sections, route to Business Center with receipt or order documentation.
 - Invoice will be sent; order information attached
 - House charge; receipt attached
- Request Accounting Service Center Place Order - Complete all sections, route to student's Supervisor/PI and Business Center for signatures

Vendor Information

Company Name: _____ Contact Person: _____

Telephone: _____ Email: _____

Shipping Information

Department: _____ Contact Person: _____

Telephone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Billing Information

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Order Details Enter all items. Include funding information for each item, if different. Attach pages if needed.

	<input type="checkbox"/> Received						
Qty	Catalog/Part #	Description	Unit Price	Total Amount	<input type="checkbox"/> Invoiced	Inventory Tag # (if needed)	

NDSU

Funding	Amount \$	Account	Fund	Dept	Program	Project
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

Qty	Catalog/Part #	Description	Unit Price	Total Amount	<input type="checkbox"/> Received	Inventory Tag # (if needed)	
					<input type="checkbox"/> Invoiced		

NDSU

Funding	Amount \$	Account	Fund	Dept	Program	Project
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

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NDSU

Funding	Amount \$	Account	Fund	Dept	Program	Project
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

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NDSU

Funding	Amount \$	Account	Fund	Dept	Program	Project
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

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Amount \$	Account	Fund	Dept	Program	Project	
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Attachments: