COLLEGE OF HEALTH SCIENCES
ORDER FORM

VENDOR NAME _____

MAILING ADDRESS _____

_____

PHONE NUMBER _____

FAX NUMBER _____

INTERNET ADDRESS _____

DATE COMPLETED _____

PAY FROM: STATE ACCOUNT

- ☐ Adm Svc State Account
- ☐ Clin Sci State Account
- ☐ Hlth Svcs State Account
- ☐ Rehab Sci State Account
- ☐ Stu Aff State Account

Other Account: _____

User Code: _____

CATALOG NUMBER	ITEM	QUANTITY	UNIT	UNIT PRICE	TOTAL AMOUNT
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

TOTAL AMOUNT ORDERED: $0.00

REQUESTED BY Ph.

APRROVED BY

APPROVED BY

Ship to: _____

_____

_____

STATEMENT OF BUSINESS PURPOSE

PLEASE CHECK THE FOLLOWING:

THE MATERIALS AND/OR SERVICES ORDERED WILL BE USED FOR:

- ☐ General Office Supplies for Unit
- ☐ Lab Supplies for Lab/Research
- ☐ Equipment for Unit or Lab
- ☐ Other (please explain): _____

_____

BUSINESS OFFICE USE ONLY

PROCARD CONTROL # _____

DOCUMENT NUMBER _____

ASSIGNED TO _____

OBJECT CODE _____

DATE ONLINE _____

DATE MAILED _____

DATE PHONE _____

DATE FAXED _____