

Date: _____

ORDER REQUEST
UNIV. of KANSAS Dean's Office
2010 Becker Drive, Lawrence KS 66047-1620
FAX NUMBER 785-864-5265

PO# _____
Fein # _____
Customer # _____
Contract # _____
Confirmation # _____

Vendor Name _____
Address _____

Phone # _____
Fax # _____

Order Date

Object Code	Number Needed	Unit (ea. Box)	Catalog Number	Description of Material	Unit Cost (for each)	Total Cost	In Stock	Back Order	Delivery Date
1									
2									

Account to be charged: _____ Ship Next day Ship 2nd day Ship UPS Ground **Approved By:** _____

Date Needed: _____

Deliver To: _____ **Remarks:** _____
Name Bldg. & Rm. Department

Phone # _____

Signature _____

Fully complete all non shaded-areas. Shaded areas for office use only. _____