

Material Request Form

Check One: <input type="checkbox"/> Mail to Vendor <input type="checkbox"/> Fax to Vendor <input type="checkbox"/> E-Mail to Vendor <input type="checkbox"/> Send to
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Instructions/Process: Complete the form to the double line below. Check the appropriate box to the left—how would you like the order processed. Give this form and appropriate paperwork to your supervisor for approval. If approved, forward for a purchase order number.

Requestee _____ Location _____ Date _____

Statement of Need _____

Vendor # _____ Vendor Name _____ Phone Number _____

Address _____ FAX Number _____ E-Mail _____

Quantity	Unit	Item Description (include catalog #)	Unit Cost	Total	Account Code
			Subtotal		
			Shipping		
			Tax @ 8.9%		
			Total		

Supervisor's Authorization: _____			Date Signed: _____
General Fund: _____	ASB Fund: _____	PO Issue Date: _____	PO#: _____