Unit / Project: \_\_\_\_\_

Name:

ORDER &/OR CONFIRMATION #:

Phone #:\_\_\_\_\_

Date:\_\_\_\_\_

## **PURCHASE ORDER**

(print on YELLOW paper)

Vendor's Name and Address:

SHIP TO:\_\_\_\_\_

ATTN:\_\_\_\_\_

ROOM # / HALL: \_\_\_\_\_

Quantity	Unit	Description	Catalog #	Price/Unit	Extension
MERCHANDISE:					
				SHIPPING:	
Please send invoice in duplicate to: Dept. of Animal Sciences & Industry				TOTAL:	

. Kansas State University

Manhattan, KS 66506-1600

ORDERED BY: