

Order Form

Date:	PR#
FOAP Number:	Building:
	Initiated By:
Vendor Name/Address:	Approved By:
	Contract Number:
	Price Confirmed by:
	Phone Number:
	Delivery Date:

This order has been:	Phoned In	Needs to be Ordered	Received
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Part #	Description	Qty	Unit Price	TOTAL

	Estimated Freight Charge
Order Total	

All information above must be completed on the order form, or order form will be returned. This form must also accompany every order.