

STUDENT GROUP PURCHASING REQUEST

DATE _____ for: Purchase Order _____ Credit Card _____ (check one)

VENDOR INFORMATION

Company Name	
Address	
City, State, Zip	
Phone	Fax

ACCOUNT INFORMATION

Current Balance: _____

Total of this Order: _____

New Balance: _____

Treasurer's Signature: (Remember to keep a copy of your orders for your records)

PLEASE FILL IN THE VENDOR NAME, ADDRESS, TELEPHONE, AND FAX. INCOMPLETE INFORMATION WILL DELAY YOUR ORDER.

Requested By:	Deliver to:	Your Contact Telephone:	Email:
Faculty Authorization		Budget Coding	

CATALOG #	DESCRIPTION	QTY	UNIT	PRICE	TOTAL
1					
2					
3					
4					
	SHIPPING (If you don't know the exact cost, get an estimate from the vendor)				
	TAX (Add 7.8% to your order)				

- Does the above vendor accept Washington State University purchase orders?
- Have you contacted this vendor to verify:
 - The items are available/in stock?
 - The vendor's address, telephone, and fax numbers are current?
- What type of shipping will be used AND how much does it cost?
- Students: This purchase request **MUST** be signed by your faculty advisor.