

# PURCHASE REQUEST

DATE \_\_\_\_\_

PURCHASE ORDER  or CREDIT CARD  (check one)

VENDOR INFORMATION		
Company Name		
Address		
City, State, Zip		
Phone	Fax	Company Website

**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:	

**\*\*\*THERE IS A MINIMUM ORDER AMOUNT OF \$15.00\*\*\***

CATALOG #	DESCRIPTION	QTY	UNIT	PRICE	TOTAL
	<b>SHIPPING</b> (IF YOU DON'T KNOW THE EXACT COST, GET AN ESTIMATE FROM THE VENDOR) Default Ground if not otherwise specified				
<b>TOTAL</b>					

1. Does the above vendor accept Washington State University purchase orders?  yes  no
2. Have you contacted this vendor to verify:  yes
  - a. The items are available/in stock?  yes  no
  - b. The vendor's address, telephone, and fax numbers are current?  yes
3. What type of shipping will be used AND how much does it cost?
  - a. Next Day  - Two Day  - Three Day  - Ground  - Least expensive

**STUDENTS**

This purchase request **MUST** be signed by your faculty advisor and the budget coding/account name must be filled in.