

## Student Services Purchase Order Form

Please complete all areas before submitting to Student Services.

TO:

<b>Vendor Name:</b>
<b>Address:</b>
<b>Website:</b>
<b>Fax #:</b>
<b>Phone #:</b>

**Staff Information:**

<b>Date of Order:</b>
<b>Submitted By:</b>
<b>Your School:</b>
<b>Your Phone Number:</b>

Quantity	Product/Item #	Description of Item	Unit Price	Amount
		<b>Sub-Total:</b>		
		<b>Shipping &amp; Handling</b>		
		<b>Total Amount</b>		