

**TWO RIVERS  
PURCHASE ORDER REQUEST FORM**

Date: \_\_\_\_\_ Requested by: \_\_\_\_\_

Fund:  General  ASB Department: \_\_\_\_\_

Vendor: \_\_\_\_\_

Please send purchase order to vendor by:

EMAIL: \_\_\_\_\_

MAIL: \_\_\_\_\_

*(if different from skyward address)*

ONLINE ORDER

**New Vendor? Please provide the following information:**

Physical Address: _____
City/State/Zip: _____
Remit Address: _____
<i>(if different from physical address)</i>
City/State/Zip: _____
Phone: _____
Email: _____



**Attach Vendor's W-9**

**ORDER DETAIL**

**Special Ordering Instructions (if any):**

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**Attachments:**

Quote # \_\_\_\_\_  Contract/Service Agreement  Order Form/List/Registration

List items for order (not necessary if attaching a quote):

QTY	UNIT	ITEM NO.	DESCRIPTION	UNIT PRICE	TOTAL PRICE

SUBTOTAL \$ \_\_\_\_\_  
 SHIPPING \$ \_\_\_\_\_  
 TAX 8.9% \$ \_\_\_\_\_  
**PO TOTAL \$ \_\_\_\_\_**

**OFFICE USE ONLY**

ACCOUNT CODE: \_\_\_\_\_

(IF ASB) ASB STUDENT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

ASB ADVISOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_