PURCHASE ORDER # _____

CHEMISTRY DEPARTMENT
ORDER REQUEST

Date:		Vendor:	
Name:			
E-Mail address:			
Room & Bldg:			
Phone #	4-	Vendor Phone	
Project #		Vendor Fax	
SHIP TO:	**University of Kansas Chemistry Dept. Attn: B007 Malott Hall 1251 Wescoe Hall Dr Lawrence, KS 66045**	Comments or instructions:	

Ship: Ground		Three Day		Second Day		Next Day		

Qty	Unit	Part #	Description	Unit Price	Extended Price

_____
P.I, SIGNATURE