Purchase Order Form Vendor Name: Address: **Purchase Order Number** City/State/Zip: Ordered By Phone: Fax: BILL TO SHIP TO _____ Date Needed Delivery Via Cancel By Date Issued Terms Quantity Vendor Item Unit **Description Total Cost** Ordered Number Cost \$ \$ \$ \$ \$ \$ \$ **Purchase Order Total** IMPORTANT Purchase order must have at least 2 signatures to be valid. The Purchase Order Number must appear on all invoices, packaging, etc. Please notify us immediately if you are unable to fulfill the order by date specified. PLEASE FAX A COPY OF THE INVOICE WHEN ORDER IS SHIPPED. Sign Below Student Worker: Date Date ____ Store Manager: Department Head: ___ Date