

Research Institute

3901 Rainbow Blvd MS-1039 Kansas City, KS 66160

NO. R-

PURCHASE ORDER

Speed Type.

Date

Requisitioner

Delivery Location

SEND INVOICES & INQUIRES TO:

DEPARTMENT:

LOCATION:

PHONE:

FAX:

UNIVERSITY OF KANSAS MEDICAL CENTER
3901 RAINBOW BLVD
KANSAS CITY, KANSAS 66160

SHIP TO:

UNIVERSITY RECEIVING DOCK
2106 OLATHE BLVD.
KANSAS CITY, KANSAS 66160

VENDOR INFORMATION

TAX ID 1-FEIN 2-SSAN FEIN OR SSAN

NAME:

STREET:

CITY, ST, ZIP

Date Wanted

TERMS

FOB DESTINATION

SHIP VIA

QUAN.	UNIT	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
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Print Form

TOTAL OF THIS ORDER

All shipments, shipping papers, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by the Buyer prior to shipment.

SIGNATURE:

APPROVED

PURCHASING AGENT