

**Division of Epidemiology & Community Health
School of Public Health**

Order Form

Today's Date:	Vendor Name:	
Prepared by:	Contact Name:	
Telephone:	Vendor's Address:	
Deliver To:		
<input type="checkbox"/> 300 WBOB <input type="checkbox"/> 350 McNamara-P11176004		
<input type="checkbox"/> ECRC Suite 201 1100 Washington Ave.	Vendor's Phone:	Facsimile:
<input type="checkbox"/> Other:	Vendor's email:	

For Special Handling Requests, please see accountant.

Accounting use only

Fund	DeptID	Program	Project	CF1 or CF2 (circle one)	CS*	FIN EmplID**	% split	Account code (object)

* CS = Cost Share

** NOT always the employee's ID. Only use this field if specifically instructed to do so (similar to CUFS sub org).

Quantity	Unit (ea, box)		Page Number	Catalog Number	Unit Cost	Extension Cost

Total

<p>Required Justification/Purpose: MUST INCLUDE 5W's (WHO, WHAT, WHERE, WHEN, and WHY):</p>
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IMPORTANT !!!

ALL PACKING SLIPS MUST BE FORWARDED TO RECEIVING

***except Ustores - forward directly to Accountant**

INSTRUCTIONS BELOW:

- 1. VERIFY ORDER IS COMPLETE, CORRECT AND IN ACCEPTABLE CONDITION**
- 2. SIGN, DATE, AND INCLUDE CHART FIELDS AND PROGRAM/PROJECT NAME**
- 3. SEND TO: WBOB SUITE #300 FRONT DESK BOX (WBOB AND NON-EPICH). ECRC TO ALYSSA SCHOEN.**