

# PURCHASE ORDER OR OFFICE SUPPLY REQUEST FORM

Organization: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_ Date Needed By: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Check One:**

**Purchase Order**

**Office Supply Order**

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

WB Mason

(Make sure vendor is set up in the College system. Ask OSI staff if unsure)

Address: \_\_\_\_\_

1-888-WB-Mason

\_\_\_\_\_

(1-888-926-2766)

Phone: \_\_\_\_\_

www.wbmason.com

Fax: \_\_\_\_\_

Item Description <small>*For all clothing orders, remember to include the clothing description/color and the number of each size being ordered</small>	Item Number	Page # (WB Mason only)	Quantity	Unit Price	Sub-Total
<b>SIZES</b>					
S=            M=            L=            XL=					
<b>SIZES</b>					
XXL=            (     ) =					
<b>Shipping Charge</b>					
<b>FOR ALL IMPRINTED ITEMS, ARTWORK OR TEXT MUST BE ATTACHED FOR APPROVAL PRIOR TO PURCHASE.</b>					
<b>Screen Charge</b>					
<b>TOTAL</b>					

**Chartstring**

Account (4)	Fund (4)	Organization (6)	Program (4)	Class (5)	Proj/Grant (8)
	9   1   0   0	8   0   0	9   2   0   0	0   0   0   0   0	

Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OSI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For OSI Office Use Only**

PO#: \_\_\_\_\_ Approval Date: \_\_\_\_\_ Receiver #: \_\_\_\_\_