

IBM MATCHING GRANTS ORDER FORM

IBM

INVOICE TO ADDRESS:		SHIP TO ADDRESS: (PLEASE BE AS SPECIFIC AS POSSIBLE)	
NAME OF INSTITUTION		NAME OF INSTITUTION:	
CUSTOMER REF. #:		ATTN:	
BUILDING #/NAME:		BLDG #	ROOM #:
STREET/P. O. BOX:		STREET/P. O. BOX	
CITY, STATE	ZIP:	CITY, STATE:	ZIP:
TELEPHONE # ()		TELEPHONE # ()	

					THIS AREA FOR IBM USE *ONLY*		
PRODUCT TYPE	MODEL, FEATURE OR PART #	QUANTITY	CUSTOMER REQUESTED ARRIVAL DATE	DESCRIPTION/COMMENTS	SUBSTIT.	UNIT PRICE	EXTENDED PRICE
FOR INFORMATION CONTACT: 1-800-777-4768 MONDAY THROUGH FRIDAY - 8:30 A.M. TO 5:15 P.M., est					TOTAL \$ _____		

SUBMIT IBM MATCHING GRANTS ORDER FORM BY:
Fax: 1-800-437-3863
or
Mail to:
IBM Corporation
Corporate Support Programs Order Center
4800 Falls of the Neuse
Raleigh, NC 27609

AUTHORIZED CUSTOMER SIGNATURE _____ DATE _____