

DELIVER TO:

VENDOR INFORMATION:

Name: _____

Vendor Name: _____

County: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____ FAX: _____

Delivery Date Requested: _____

Vendor Contact: _____

Vendor Email: _____

| Quantity | Catalog Number | Description | Unit Price | Total Price |
|--|----------------|-------------|--------------|-------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| Business Purpose: (REQUIRED) | | | Subtotal | \$ |
| | | | % Tax | |
| | | | Shipping | |
| <i>If an equipment purchase, I certify that no suitable equipment was found to be available for shared use in lieu of item(s) requested.</i> | | | TOTAL | |

Account Name: _____

Amount: _____

Account Number: _____

Account Name: _____

Amount: _____

Account Number: _____

Submitted By: _____

Date _____

Principal Investigator

Approved: _____

Date _____

County Director

BOC-K Office Use

Vendor ID # _____ Requisition # _____ Comments: _____