

PURCHASE ORDER FORM

Under \$10,000

Over \$10,000

PO#:\_\_\_\_\_

FUND: \_\_\_\_\_

PROJECT#: \_\_\_\_\_

| SUBMIT                | <b>INVOICE TO:</b> (Invoice must show PO #)   | SHIP TO:   |            |              |          |  |
|-----------------------|---|--|------------|--------------|----------|--|
|                       | WVSU Research & Development Corporation<br>PO Box 1000, 201 Byers Admin. Building<br>Institute, WV 25112-1000<br>: RDAccountsPayable@wvstateu.edu | West Virginia State Un<br>Physical Facilities Inver<br>Institute, WV 25112 | •          | ntrol        |          |  |
|                       | (304) 204-4306 <b>Fax:</b> (304) 204-4349   | TAX EXEMPTION#: 501  | L (C)3 5   | 5-0708567    |          |  |
| VENDOR                | :   | ADDRESS Line 1:  |            |              |          |  |
| PHONE:                |   | ADDRESS Line 2:  |            |              |          |  |
| FAX:                  |   | CITY:  |            | STATE:       | ZIP:     |  |
| INVOICE               | #: INVOICE DATE:  | ASSOCIATED QUO   | TE # (if a | applicable): |          |  |
| ITEM #                | DETAILED DESCRIPTI  | ON   | QTY        | UNIT PRICE   | TOTAL    |  |
|                       |   |  |            |              |          |  |
|                       |   |  |            |              |          |  |
|                       |   |  |            |              |          |  |
|                       |   |  |            |              |          |  |
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|                       |   |  |            |              |          |  |
|                       |   |  |            |              |          |  |
|                       |   |  |            |              |          |  |
|                       | 1   |  | 1          | SUBTOTAL     | <u> </u> |  |
| AREA CONT             | ACT   |  |            | HAZ MAT FEE  |          |  |
| PHONE                 |   |  | -          | FREIGHT      |          |  |
| LOCATION              |   |  | -          | TOTAL        |          |  |
|                       |   |  | J          | IUTAL        |          |  |
| REASON F              | DR PURCHASE:  |  |            |              |          |  |
|                       |   |  |            |              |          |  |
| Reques                | ster:   |  |            | Date:        |          |  |
| reques                |   |  |            |              |          |  |
| Reques                | ster's Supervisor:  |  |            | Date:        |          |  |
| Department Head/Dean: |   |  |            | Date:        |          |  |

Assoc. Provost/Dean & Dir.of Ag.Res. & Ext.: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director, R&D:\_\_\_\_\_

R&D Budget Officer: \_\_\_\_\_ Date: \_\_\_\_\_

| Date |
|------|
|      |