WVSU Research & Development Corporation

# PURCHASE ORDER FORM

PO#: _____

FUND: _____

PROJECT#: _____

☐ Under $10,000 ☐ Over $10,000

| **SUBMIT INVOICE TO:** (Invoice must show PO #) | **SHIP TO:** |
|---|---|
| **Mail to:** WVSU Research & Development Corporation<br>PO Box 1000, 201 Byers Admin. Building<br>Institute, WV 25112-1000<br>**Email to:** RDAccountsPayable@wvstateu.edu<br>**Phone:** (304) 204-4306 **Fax:** (304) 204-4349 | WVSU Physical Facilities Inventory Control<br>Attn:_____ Bldg/Rm:_____<br>5000 Fairlawn Avenue<br>Institute, WV 25112<br>**TAX EXEMPTION#:** 501 (C)3 55-0708567 |

| **VENDOR:** | **ADDRESS Line 1:** | | |
|---|---|---|---|
| **PHONE:** | **ADDRESS Line 2:** | | |
| **FAX:** | **CITY:** | **STATE:** | **ZIP:** |

**INVOICE #:** **INVOICE DATE:** **ASSOCIATED QUOTE #** (if applicable):

| ITEM # | DETAILED DESCRIPTION | QTY | UNIT PRICE | TOTAL |
|---|---|---|---|---|
| | | | | $ 0.00 |
| | | | | $ 0.00 |
| | | | | $ 0.00 |
| | | | | $ 0.00 |
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| | | | | $ 0.00 |

| | |
|---|---|
| **AREA CONTACT** | |
| **PHONE** | |
| **LOCATION** | |
| **EMAIL** | |

| | |
|---|---|
| **SUBTOTAL** | $ 0.00 |
| **HAZ MAT FEE** | $ 0.00 |
| **FREIGHT** | $ 0.00 |
| **TOTAL** | $ 0.00 |

**REASON FOR PURCHASE:**

Requester: _____ Date: _____

Requester's Supervisor: _____ Date: _____

Department Head/Dean: _____ Date: _____

Area Vice President: _____ Date: _____

R&D Budget Officer: _____ Date: _____

Executive Director, R&D: _____ Date: _____

*Revised 4/1/25*