

PURCHASE ORDER REQUEST

DAFIS DOCUMENT #: 01-

VENDOR

Company Name

Street Address

City State Zip

Phone

FOR OFFICE USE ONLY

PO # **3-** _____

Phone in _____ by _____

Priced by _____

Order Ref.# _____

Ship Date _____

Ship Via: _____

Est. Del. Date _____

Check if Control Substance

Check if you will pick up merchandise

Check if radioactive RUA # _____

*You will receive a copy of this form as your acknowledgement
** Please return your PACKING SLIPS to the Business Office.*

Requested by _____ ID # _____

Phone # _____ Date _____

Authorized by _____ Need by _____

PLEASE USE INK AND PRINT LEGIBLY

QTY	UNIT	CATALOG NO.	MSDS	DESCRIPTION	B. O.	COST	
						UNIT	TOTAL
Subtotal							
Discount/ Fees							
Tax							
Freight							
TOTAL							