# PURCHASE ORDER REQUEST

## VENDOR

- **Company Name**
- **Street Address**
- **City**
- **State**
- **Zip**
- **Phone**

### Check if Control Substance

**Check if you will pick up merchandise**

**Check if radioactive**

- **RUA #**

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**You will receive a copy of this form as your acknowledgement.**

**Please return your PACKING SLIPS to the Business Office.**

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**PLEASE USE INK AND PRINT LEGIBLY**

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<th>UNIT</th>
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<th>MSDS</th>
<th>DESCRIPTION</th>
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**Subtotal**

**Discount/Fees**

**Tax**

**Freight**

**Total**