

# Limited Purchase Order

(Orders less than \$5000.00)

Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Professor \_\_\_\_\_  
 Account # \_\_\_\_\_

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Total Cost	\$
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**Shipping Address**

(Your Name)  
 122 S Central Campus Drive #304  
 Salt Lake City, UT 84112-0560

**Billing Address**

University of Utah  
 Accounts Payable  
 201 S President's Circle #145  
 Salt Lake City, UT 84112-9003

Vendor Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Contact Person \_\_\_\_\_

How will this be ordered? (Check one)

\_\_\_\_\_ **YOU** will **CALL** in the order  
 \_\_\_\_\_ **MSE** will **MAIL** in the order  
 \_\_\_\_\_ **MSE** will **FAX** in the order

Confirmation #	
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Quantity	Unit Size	Part #	Description	Unit Cost	Total Cost
1	each		Shipping Cost		