KANSAS STATE UNIVERSITY | College of Arts and Sciences

Shared Services Purchase Order Form

Bill To:

Attn:

Kansas State University

Invoice to:

Phone: Fax:

Ship To:

Attn:

Kansas State University

Phone:

Vendor Information (Name only required field)

Vendor Name:
Address 1:
Address 2:
City:
State/Province/Region:
Country:
Zip/Postal Code:
Phone #:
Fax #:

Date Requested:
P.O. #:
Ordered By:
Your Telephone Number:
Purchaser Email:
Date Ordered:

Will this become part of a large piece of equipment?

- ○ No
- ○ Yes

Qty.	Description of Item	Unit Cost	Total Cost	Account/Nickname:
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
		Total:	0	

Please list start/end dates for any subscriptions, memberships, or warranties:

Add Attachments

TERMS: NET 30
EXEMPT FROM ALL SALES TAX: KSB3464J18

Kansas Tax Exempt Certification

Please include shipping, warranty and all charges in description above.

Reminder: 5 - 10k purchases must include at least 3 phone bids. (Bid Tabulation Sheet available here) Email as an attachment to acctgcentral@ksu.edu, acctgsouth@ksu.edu, po@phys.ksu.edu, acctgdean@ksu.edu

Signature _____

Department Head Signature (if required) _____