

# Shared Services Purchase Order Form

**Bill To:**

Attn:  
Kansas State University

**Ship To:**

Attn:  
Kansas State University

Invoice to:

Phone: Fax:

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:

Total:

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

File Attachment      TERMS: NET 30      **Kansas Tax Exempt Certification**  
EXEMPT FROM ALL SALES TAX: KSB3464J18

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](mailto:acctgcentral@ksu.edu), [acctgsouth@ksu.edu](mailto:acctgsouth@ksu.edu), [po@phys.ksu.edu](mailto:po@phys.ksu.edu)**

Signature \_\_\_\_\_

Department Head Signature (if required) \_\_\_\_\_