TEXAS CHRISTIAN UNIVERSITY
DEPARTMENTAL PURCHASE ORDER REQUEST

Please check one:

Need PO# only ___
Need Hardcopy ✔

Vendor _____ Ship To: _____

_____ _____

_____ _____

_____ Bill To: _____

Vendor Tax ID#: _____ _____

Date: _____ _____

Department placing order must complete all areas for Purchase Order to be issued. After receiving all applicable departmental/school/college approvals, submit completed form to Elaine Martinez in Accounts Payable, Sadler Hall # 2011, TCU Box 297011.

Dept. Name	Bldg. & Room #	TCU Box	Contact Person	Extension
			S.Dolce	7734

Quantity	Description & specifications (include shipping instructions)	Unit Cost	Price Extension
	SERC Grant #:		
	Student:		
	Faculty Mentor:		

Purchase Order # _____ **Total Cost** $0.00

	Account	Fund	Dept	Project
Authorized Codes				

Approver (Printed Name)	Date
Susan Dolce	
Approver Signature	

Approver (Printed Name)	Date
Faculty Mentor Name Here	
Approver Signature	

Rev 7/29 PO