

BELOIT COLLEGE REQUISITION

VENDOR: _____
 ATTN: _____
 ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____
 NUMBER TO FAX PO: _____
 SPECIAL INSTRUCTIONS: _____

ORDERED BY: _____
 APPROVED BY: _____
 DATE: _____
 ACCT.NO: _____
 BUDGET YEAR: _____

QTY	CATALOG #	DESCRIPTION	UNIT PRICE	AMOUNT

SHIPPING & HANDLING
 ORDER TOTAL \$ _____

_____ CONFIRMING P.O. # _____
 _____ PAYMENT WITH ORDER
 _____ CONTINUING ORDER

IF CONFIRMING, SEND P.O. FORM
 TO VENDOR: YES _____ NO _____