PURCHASE REQUEST

Eastern Oregon University

One University Boulevard

La Grande, OR 97850

Phone:541-962-3562

Fax: 541-962-3862

BILLING INDEX ____________________

ACCOUNT CODE ____________________

DATE ____________________

REQUESTOR'S NAME ____________________

VENDOR

Name ____________________

Company Name ____________________

Street Address ____________________

City, ST ZIP Code ____________________

Phone ____________________

Purpose ____________________

SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE

QTY	ITEM #	DESCRIPTION	JOB	UNIT PRICE	LINE TOTAL
				TOTAL	**$ -**

Dept Head/Dean's Signature *Date*

Cabinet Signature *Date*

(If Required)