SCIENCE STORES
ORDER FORM

Vendor

Customer # _____ **Date Order Requested: _____**

Phone # _____ **Date Order Placed: _____**

Contact _____ **Date Needed: _____**

Web address: _____
Order Method: WEB _____ Verbal _____ PO # _____ Payment Type: Visa _____ Invoice _____

Pg #	Cat #	Description	Qty	Date Rec'd	Unit Price	Total
		Confirmation #:				

Requested by_____ Course (ie: CH101) _____ TOTAL $_____

Item #	Seq #	Index #	Acct. Code	Payment Amount

Special Instructions: (For example: list items to be frozen or refrigerated upon arrival & location of fridge).