

Research Institute

3901 Rainbow Blvd MS-1039 Kansas City, KS 66160

NO. R-

PURCHASE ORDER

Speed Type.

Date

Requisitioner

Delivery Location

SEND INVOICES & INQUIRES TO:

DEPARTMENT:

LOCATION:

PHONE:

FAX:

**UNIVERSITY OF KANSAS MEDICAL CENTER
3901 RAINBOW BLVD
KANSAS CITY, KANSAS 66160**

SHIP TO:

UNIVERSITY RECEIVING DOCK
2106 OLATHE BLVD.
KANSAS CITY, KANSAS 66160

VENDOR INFORMATION

TAX ID 1-FEIN 2-SSAN

1-FEIN

FEIN OR SSAN

NAME:

STREET:

CITY, ST, ZIP

Date Wanted

TERMS

FOB

DESTINATION

SHIP VIA

QUAN.	UNIT	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
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Print Form

TOTAL OF THIS ORDER

✕ 0.00

All shipments, shipping papers, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by the Buyer prior to shipment.

SIGNATURE:

APPROVED

PURCHASING AGENT