



**EASTERN
MENNONITE
UNIVERSITY**

BILL TO:
Eastern Mennonite University
Attn: Accounts Payable
1200 Park Road
Harrisonburg, VA 22802-2462
Phone: (540) 432-4113 Fax: (540) 432-4444
Accounts Payable (540) 432-4113/432-4583

PURCHASE ORDER

NUMBER _____
Order not valid unless numbered above. Order number must appear on all invoices, packages, shipping papers and correspondence.

Use Virginia Tax Exempt #0010801729-E

VENDOR NAME AND ADDRESS:

Form area for Vendor Name and Address with lines for text entry.

SHIP TO: EMU

ATTENTION OF _____
(Department or name)

ORDER DATE: _____

DELIVERY DATE REQUIRED BY: _____

| Date Rec'd | Qty. Type | Cat. No. | Description | Account Number | Unit Price | Amount |
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Check here if order has been phoned in. Date: _____

Check here if vendor does not require a copy of this purchase order.

TOTAL OF ORDER _____

Department Making Request: _____

Department Approval: _____

Division Head Approval (if over \$500): _____

Merchandise received by: _____

AUTHORIZATION OF ORDER:

Purchasing Agent

White - Original
Yellow - Receiving
Pink - Business Office