CEPS BSC ORDER FORM

Today's Date: ___________________________  Deliver to: ___________________________
Funding Source: ________________________  Bldg./Rm. #: ________________________
Authorized Signature: __________________  Email/Tel.: ________________________

Vendor:
Vendor Name: ____________________________
Street Address: __________________________
City, State, Zip: __________________________
Telephone: _______________________________
Fax: _________________________________
Contact: _________________________________
Web Site: ________________________________

"ASAP is not acceptable  
All orders will be placed within 24-48 hours of receipt"

Has this order already been placed by PCard? 
________ Yes  ________ No

Is this a confirming order: 
________ Yes  ________ No

Order Confirmation #: ____________________

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Chemical “X”</th>
<th>Qty.</th>
<th>Cat. No.</th>
<th>Unit or Size</th>
<th>Description</th>
<th>Cost Each</th>
<th>Total Cost</th>
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</table>

Total After Discount: ____________________

Notes/Comments: ________________________

BSC Staff Members: Phone / Email
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Fax:  2-4674

BSC Use Only

F/O/A: ________________________________

Order #: _______________________________