

CEPS BSC ORDER FORM

Today's Date: _____
 Dept. or Grant Name: _____
 Authorized Signature: _____

Deliver to: _____
 Bldg./Rm. #: _____
 Email/Tel.: _____
 Date Needed: _____
 Special Instructions: _____

Vendor:

Vendor Name: _____
 Street Address: _____
 City, State, Zip: _____
 Telephone: _____
 Fax: _____
 Contact: _____
 Web Site: _____

Has this order already been placed by PCard?
 _____ Yes _____ No
 Is this a confirming order:
 _____ Yes _____ No

Item No.	Chemical "X"	Qty.	Cat. No.	Unit or Size	Description	Cost Each	Total Cost
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total After Discount:							

Notes/Comments:

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BSC Use Only

F/A/O: _____

objcd: _____

Order #: _____