PURCHASE ORDER OR OFFICE SUPPLY REQUEST FORM

Organization: _____ Date Form Completed: _____Date Needed By: _____

Contact Person: _____ Cell Phone: _____

Check One:

☐ **Purchase Order** ☐ **Office Supply Order**

Vendor: _____ WB Mason

(Make sure vendor is set up in the College system. Ask OSI staff if unsure)

Address: _____ 1-888-WB-Mason

_____ (1-888-926-2766)

Phone: _____ www.wbmason.com

Fax: _____

Item Description **For all clothing orders, remember to include the clothing description/color and the number of each size being ordered*	**Item Number**	**Page # (WB Mason only)**	**Quantity**	**Unit Price**	**Sub-Total**
SIZES **S= M= L= XL=**					
SIZES **XXL= (_____) =**					
Shipping Charge					
FOR ALL IMPRINTED ITEMS, ARTWORK OR TEXT MUST BE ATTACHED FOR APPROVAL PRIOR TO PURCHASE. **Screen Charge**					
TOTAL					

Chartstring

Account (4)	Fund (4)	Organization (6)	Program (4)	Class (5)	Proj/Grant (8)
	9 1 0 0	8 0 0	9 2 0 0	0 0 0 0 0	

Treasurer Signature: _____ Date: _____

OSI Signature: _____ Date: _____

For OSI Office Use Only

PO#:_____ Approval Date: _____ Receiver #:_____