

VENDOR INFORMATION

VENDOR NAME



Facilities & Operations

MATERIAL/SERVICES ORDER FORM

FMS Generated Order Number	
DATE Material Required (Month/Day/Year)	
INVOICE #(OPTIONAL)	
<input type="checkbox"/>	RUSH ORDER
<input type="checkbox"/>	STOCKROOM PICKUP
<input type="checkbox"/>	KIT
<input type="checkbox"/>	STOCK

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SHORT CODE

SIGNATURE

DATE

WORK REQUEST # 15 PLACES, BEGIN AT THE LEFT HAND SIDE. USE SEMI COLONS FOR BOXES THAT ARE NOT FILLED IN. EXAMPLE 000111111;;;;	PHASE # 5 PLACES USE 0'S TO PAD OUT TO FIVE PLACES EX. 00002	WORK CODE 4 PLACES ALPA NUMERIC EX. C188	EMPLOYEE # 4 PLACES. ALL NUMERIC CHARACTERS. EX. 0018
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PERSON PLACING ORDER (Please Print)

PROJECT LOCATION

SHIP TO ATTENTION

BUILDING AND ROOM (or Location ID if known)

CITY

STATE

ZIP

PHONE #

QUANTITY	ITEM NUMBER	DESCRIPTION	Unit of Measure	UNIT COST