VENDOR INFORMATION

VENDOR NAME

Plant Operations

MATERIAL/SERVICES ORDER FORM

FMS Generated Order Number

DATE Material Required (Month/Day/Year)

INVOICE #(OPTIONAL)

☐ RUSH ORDER

☐ STOCKROOM PICKUP

☐ KIT

☐ STOCK

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 0001111111;;;;;	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

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

Material Service Unit
1201 Kipke Drive Room 1040
Ann Arbor, MI 48108

Phone 734 764-2467
Fax: 734 763-1584

WHITE: Department Copy Yellow: Supplier Copy Pink: Region Copy