## **EMERGENCY P.O. REQUESTS**

Please supply the following information for an emergency purchase order, and then fax this request form to the Purchasing Department at 997-1053. This form will then be faxed back to you with the purchase order number assigned. If you do not receive our faxed response within one hour, please call Ext. 2240

DATE:	ACCOUNT C	ODE:	
PROGRAM:			
SHIP TO:			
VENDOR NAME:			
S/S# (If applicable):		Is this a new Vendor? YES	NO
ADDRESS:			
P. O. AMOUNT: \$			
DESCRIPTION:			
REQUESTED BY:		PROGRAM	
PHONE#:		FAX#:	
COMMENTS:			
Program Administrator's Sig	nature&Date	Purchasing Agent's S	Signature
ASSIGNED PURCHASE OF	RDER NUMBER: #		
NOTE: If this request is a divide with the number. Please only			ill be called
This request i	s an emergency, plea	se call with P.O. #.	
to:	Phone#	Fax#	
F	or Purchasing Departm	ent Use Only:	
Req.#	P. O. #	Date:	