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

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Page # (WB Mason only)</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Sub-Total</th>
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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

<table>
<thead>
<tr>
<th>Account (4)</th>
<th>Fund (4)</th>
<th>Organization (6)</th>
<th>Program (4)</th>
<th>Class (5)</th>
<th>Proj/Grant (8)</th>
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Treasurer Signature: ________________________________ Date: ________________
OSI Signature: ____________________________________ Date: ________________

For OSI Office Use Only

PO#:______________ Approval Date: ________________ Receiver #:______________