

Office Supply Order Form

Please return this form to Fatima Adams for processing

DATE _____

YOUR NAME _____ PHONE NUMBER _____

EMAIL ADDRESS _____ SPEEDTYPE _____

VENDOR NAME _____ VENDOR PHONE # _____

LAB AFFILIATION _____

Item #	QTY.	ITEM NAME	DESCRIPTION	COST

_____ NEXT DAY	_____ 2-DAY	_____ 5-7 BUSINESS DAYS
_____ VISA PURCHASE	_____ INTERNET	_____ PHONE
Means of Shipment: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> Airborne <input type="checkbox"/> US Mail <input type="checkbox"/>		

SUBTOTAL -----
SHIPPING/HANDLING \$ _____
TOTAL _____

COMMENTS: _____

ORDER PLACED BY: _____ DATE: _____