



**Purchase Request/Order**  
**415 N. College Avenue**  
**Clarksville, AR 72830-2880**  
**Billing: (479) 979-1478**  
**Fax: (479) 979-1476**

SHOW PURCHASE ORDER NUMBER ON ALL PACKAGES, BILLS OF LADING,  
 INVOICES, AND OTHER CORRESPONDENCE.  
 SEND ORIGINAL INVOICE IN DUPLICATE TO: BUSINESS OFFICE

<b>V E N D O R</b>	
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**Purchase Order No.**

Ship To: University of the Ozarks  
 415 N. College Avenue  
 Clarksville, AR 72830-2880

Department \_\_\_\_\_

To The Attention Of \_\_\_\_\_

Telephone No. \_\_\_\_\_

Building & Room No. \_\_\_\_\_

Account No. \_\_\_\_\_

Vendor Telephone No. \_\_\_\_\_

Vendor Fax No. \_\_\_\_\_

**Payments Cannot Be Made Until This Order Is Complete**

Order Date		Date Required		Special Instructions		
Rec'ing Record	Quantity Ordered	Catalog Number	Description		Unit Price	Total Price

Requestor (Print Name/Sign)	Director/Dean (Print Name/Sign)	Senior Staff (Print Name/Sign)
Date	Date	Date