SSEL INTERNAL ORDER FORM (IOF)

(* REQUIRED INFORMATION)

Ver. 01/04-TLB/SRS/GPR

*DATE: _____ *DATE NEEDED: _____

*REQUESTED BY: _____

*ADVISOR/DEPT.: Jerzy Kanicki

*E-MAIL: _____ *PHONE: 734-936-0972

***SHIPPING: (Check box to ship oversize items to 1201 Kipke Dr.)** ☐

*Shipping method: GROUND

*ACCT# / SHORTCODE: _____

*APPROVED BY:

Jerzy Kanicki

PRINT NAME SIGNATURE

OFFICE USE ONLY:

DATE: _____ SHIP DATE: _____

VENDOR _____

CONTACT _____

P.O. NO. _____

VOUCHER/DATE _____

SHIPPING CHARGES : _____

TOTAL P.O. _____

*PART NUMBER	*DESCRIPTION	*QTY	REC	B.O.	*CAT	*UNIT PRICE	ITEM TOTAL
1)							$0.00
2)							$0.00
3)	Deliver to 2360 Bonnisteel Blvd						$0.00
4)	Rm 1049 BIRB						$0.00
5)							$0.00
6)							$0.00
7)							$0.00
8)							$0.00
9)							$0.00
10)							$0.00

RECEIVED BY:

SIGNATURE

PURCHASE TOTAL $0.00

ORDERS OVER $5,000 REQUIRE THREE(3) SEPARATE QUOTATIONS OR A SOLE SOURCE JUSTIFICATION AND ONE (1) QUOTATION ATTACHED.

EVEREST USE ONLY:

SALES ORDER: _____

SALES INVOICE: _____

PURCHASE INVOICE: _____

REFERENCE #: _____

QUOTATION: _____

TERMS: _____

VENDOR #: _____

*Vendor: _____

*Address: _____

*Contact: _____

*Phone: _____

*Fax: _____

*Website: _____

Email: _____