

PURCHASE ORDER REQUEST & AUTHORIZATION FOR PAYMENT

THE UNIVERSITY OF MONTANA WESTERN

Tax ID#: _____

Vendor Name: _____

Vendor Add: _____

*Index #: _____

*Dept. Name: _____

*REQUIRED FIELDS

Telephone: _____ Ext: _____

Line#	Resp. Center	Object of Expend	Vendor Description	Invoice	Amount
01	_____	_____	_____	_____	_____
02	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____
06	_____	_____	_____	_____	_____
07	_____	_____	_____	_____	_____
08	_____	_____	_____	_____	_____
09	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____

Total _____

Signature _____ Date _____

Bill and Ship to:

The University of Montana Western

Attn: Business Services

710 South Atlantic St.

Dillon, MT 59725

(406)683-7352