

UNIVERSITY OF MARYLAND at COLLEGE PARK

ORDER FORM

Vendor: _____
 Address _____
 FEI# _____
 Phone# _____
 Fax #: _____
 Customer Acct #: _____

REFERENCE #: _____

Ship To: Bioscience Research Bldg.
413, Room 0101J
University of Maryland
College Park, MD 20742

Note THE UNIVERSITY OF MARYLAND IS EXEMPT FROM THE FOLLOWING TAXES
 STATE OF MARYLAND SALES TAX CERTIFICATE NO. 30002563
 MANUFACTURERS FEDERAL EXISE TAX REGISTRATION NO. 52730123K

Bill To: _____
Biology, Bldg. 144, Rm. 1210
University of Maryland
College Park, MD 20742

| Item # | Description with complete & accurate specifications | Quantity | Unit | Unit Cost | Total Cost |
|--------|---|----------|------|-----------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|----------------------------------|--|--|--|-------------------|--|
| SHIPPING/DELIVERY CHARGES | | | | | |
| Order Confirmation # | | | | Total Cost | |

VISA CREDIT CARD ORDERS

AccountNo. _____ Exp. Date: _____

Cardholders Name: _____

Phone: _____ Fax: _____

Date of Order _____

FRS# _____

PI Signature _____

Requestor/Phone# _____

**IS THIS ORDER TEMPERATURE SENSITIVE OR LIVE ANIMALS?
 FOR LARGE ORDERS REQUEST DELIVERY TO CENTRAL RECEIVING**

YES NO
 yes if checked

PLEASE CIRCLE ONE: MAIL ORDER HAND CARRY CONFIRMING REQUISITION **BUS OFFICE** R REQUESTOR
 REQUESTOR PHONED IN TO FAX TO FAX