



Pacific Northwest University

Purchase Order Request

Bill To:

Pacific Northwest University of Health Sciences
 111 University Parkway - Suite 200
 Yakima, WA
 USA
 98901
 Phone: 509-452-5100 Fax: 509-452-5101
 www.pnwu.edu

Ship-To:

Address: City: State: Zip:

Date: PO #:

Requested By: Department:

Vendor: Purchase Purpose:

Note:

Quantity	Description	Unit Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment Method

Budget Authorizing Sig: Date:

VP/COO or Controller: Date:

Subtotal:	<input type="text"/>
Shipping:	<input type="text"/>
Sales Tax:	<input type="text"/>
Total	<input type="text"/>