INSTITUTE OF THE ENVIRONMENT
PAC ORDER FORM

Vendor/Payee: ____________________________________________ Vendor Telephone: (   ) _______________
Vendor Address: ____________________________________________________________________________________

Requestor Name: ________________________________________ Requestor Telephone: (   ) _______________
Requestor Address: _________________________________________________________________________________
Requestor Email:: ____________________________________________________ Requestor Phone: __________
Deliver To Address: ________________________________________________________________________________

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<tr>
<th>Catalog Number</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total</th>
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Tax (if applicable)

Account Number:: _______________/________/_________________________
Account Name: ____________________________________________________

ACCOUNT NUMBER AND NAME MUST BE COMPLETED BEFORE ORDER WILL BE PLACED.

Authorized Signature (Investigator) Date

Authorized Signature (Admin) Date

Office Use Only

Return this form to the IoE, MC 149607 or Fax to 5-9663, Attn: Purchasing Specialist