



www.cstore.ucf.edu

Phone: (407) 823-5603

Fax: (407) 823-5836

Please fax your order; do not send through Campus Mail

Computer Store Use:

Date: _____ Order No: _____

Journal ID: _____ Init: _____

Sales Rep: _____ Page: _____ of _____

IRR No* : _____

Bill To:

Dept. ID: _____ Dept. Name: _____

Auth. Buyer: _____

Buyer Phone: _____ Buyer Email: _____

Auth. Buyer Signature: _____

RFO Name: _____ RFO Email: _____

Comments: _____

Vice President's Signature*: _____ Date: _____

Deliver/Ship To:

Dept. Name: _____

Delivery Name: _____

Delivery Phone: _____

Delivery Email: _____

Bldg. Name: _____

Bldg. No: _____ Room No. _____

Plus 4 ZIP: _____

Price & availability are subject to change without notice: Shipping & handling fees may apply to some products

Store Use PO#	Store Use Invoice#	Rec'd By/Date	Qty.	Part#	Description	Store Use Only Serial# / Decal #	Unit Cost	Total Cost
Delivered By: _____ Complete Order ** See Note Below Rec'd By (print): _____ (Sign): _____ Date: _____							Order Total*	

*ORDERS OVER \$20K REQUIRE AN IRR FORM (www.cstore.ucf.edu/forms/irr_form.pdf)

*ORDERS OVER \$50K REQUIRE V.P. SIGNATURE

****Note: Please inspect this delivery for accuracy; by signing for the delivery you accept responsibility for the products.**