## **Purchase Order**

Brigham Young University BRIGHAM YOUNG UNIVERSITY

BRIGHAM YOUNG UNIVERSITY PURCHASING DEPT ASB C-40 PROVO UT 84602-1116 United States

> **Supplier:** 0000015669 PRINTWORKS LLC P.O. BOX 970277 OREM UT 84097-0277

	Dispatch via Print		
Purchase Order	Date Revision	Page	
BYU-0000029045	10/21/1998	1	
Payment Terms	Freight Terms	Ship Via	
NET 30	FOB Origin, Buyer Bears Frt.	UPS Ground	
Buyer	Phone/Email	Currency	

Robbins,G. Mark
Ship To: RECEIVING

BRIGHAM YOUNG UNIVERSITY CENTRAL RECEIVING 685 E UNIVERSITY PKWY PROVO UT 84602-1830 United States

Offica Otates

Attention: Not Specified

BIII To: BRIGHAM YOUNG UNIVERSITY

FINANCIAL SERVICES

A-153 ASB

PROVO UT 84602-1128

**United States** 

Tax Exempt? Y Tax Exempt ID: N10020		Replenishment C	<b>Option:</b> Standa	ard
Line-Sch Item/Description	Mfg ID	Quantity UOM	PO Price	Extended Amt Due Date
•		•		

1- 1 HCFA HEALTH INSURANCE CLAIM FORMS WITH LASER BAR--PRICED PER 1000

80.00EA

14.00

0.00 CLOSED

USD

**Schedule Total** 

0.00

SHIP UPS GROUND IF UPS CHARGES ARE UNDER \$44.00 FOR TOTAL SHIPMENT. IF OVER \$44.00 SHIP FOB ORIGIN-COLLECT LESS THAN TRUCKLOAD (LTL) ONLY VIA ROADWAY EXPRESS. THE USE OF ANY OTHER METHOD WILL RESULT IN A CHARGE BACK FOR ANY ADDITIONAL FREIGHT COSTS INCURRED. VENDOR ACCEPTS LIABILITY FOR DAMAGES IF ABOVE DIRECTIONS ARE NOT FOLLOWED.

Item Total	0	١.(	) (	)

Total PO Amount 0.00