

**Purchase Order#**_____

ACCOUNT GL# _____

Budget Director_____

SHIP TO Jani Pallis

University of Bridgeport

126 Park Avenue

Vendor Email/Tele#_____

Bridgeport, CT 06604

[illegible]

Prepared By: Jani Pallis
(Please Print)

Supervisor/Dean Signature: _____

Supervisor/Dean Name: _____
(Please Print)

Provost Signature _____ **VPAF Signature** _____

PURCHASING COPY-WHITE* ACCOUNTS PAYABLE-PINK

*****RETAIN YELLOW COPY FOR YOUR RECORDS*****

PLEASE PRINT CLEARLY WHEN PROCESSING YOUR REQUISITION.