

SSEL INTERNAL ORDER FORM (IOF)

(* REQUIRED INFORMATION)

<p>*DATE: _____ *DATE NEEDED: _____</p> <p>*REQUESTED BY: _____</p> <p>*ADVISOR/DEPT.: _____</p> <p>*E-MAIL: _____ *PHONE: _____</p> <p>*SHIPPING: (Check box to ship oversize items to 1201 Kipke Dr.) <input type="checkbox"/></p> <p>*Shipping method: _____</p> <p>*ACCT# / SHORTCODE: _____</p> <p>*APPROVED BY: _____</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;">PRINT NAMESIGNATURE</div>	<p style="text-align: center;"><u>OFFICE USE ONLY:</u></p> <p>DATE: _____ SHIP DATE: _____</p> <p>VENDOR: _____</p> <p>CONTACT: _____</p> <p>P.O. NO. _____</p> <p>VOUCHER/DATE: _____</p> <p>SHIPPING CHARGES: _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: right;"><u>TOTAL P.O.</u> _____</div>
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	<u>*PART NUMBER/DESCRIPTION</u>	<u>*QTY</u>	<u>REC</u>	<u>B.O.</u>	<u>*CAT</u>	<u>*UNIT PRICE</u>	<u>ITEM TOTAL</u>
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RECEIVED BY: _____

SIGNATURE

PURCHASE TOTAL _____

**ORDERS OVER \$5,000 REQUIRE THREE(3) SEPARATE QUOTATIONS OR A
SOLE SOURCE JUSTIFICATION AND ONE (1) QUOTATION ATTACHED.**

EVEREST USE ONLY:

SALES ORDER: _____

SALES INVOICE: _____

PURCHASE INVOICE: _____

REFERENCE #: _____

QUOTATION: _____

TERMS: _____

VENDOR #: _____

*Vendor: _____

*Address: _____

*Contact: _____

*Phone: _____

*Fax: _____

*Website: _____

Email: _____