

PARTS/EQUIPMENT ORDER FORM

Student Name _____ Phone # _____ email _____

Class _____

Professor _____

Vendor Name _____ Min \$ Order Amount _____

Vendor's Address _____
Street
City
State
Zip

Phone # _____

Fax # _____

Part #	Description	Part #	# of Items	Price Per Item	Extended Price
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Required Delivery By _____
Date

Special Shipping Instructions: _____
 If special shipping instructions are not indicated, shipping will be by UPS Ground (approx 5 working days).

 Professor's Signature