

Date of Request _____
 Date Required _____
 Requested by **ASWSUTC** _____
 Contact Name _____
 Project Title _____
 Prg _____ Budg _____ Proj _____
 Suggested Vendor _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____ FAX _____

Authorization Signatures

 ASWSUTC Advisor

 ASWSUTC President

Return RFP to Shiloh Penland
 Student Involvement Coordinator

 Accounting

Accounting/Purchasing Use Only

WSU PO # _____

DR # _____

Obj _____ Sub _____

Date Ord _____ By _____

Vendor Name _____

Address _____

City _____

State _____ Zip _____

Phone () _____ FAX () _____

Item	Description (Catalog/Part #, Dwg #, Size, Spec. Instructions)	Quantity	Unit of Measure	Unit Price	Total Price
1					
2					
3					
4					
5					
6					
7					
8					
	Please Mark Box if an "Open Event" <input type="checkbox"/> Yes			Sales Tax	
COMPLETE THIS SECTION BEFORE SUBMITTING					
1. Does the VENDER accept WSU purchase orders:		Yes _____	No _____	Total	
2. Does the VENDOR accept credit cards?		Yes _____	No _____		
3. Has the VENDOR been contacted to verify:					
a. the items are available or are in stock?		Yes _____	No _____		
b. the vendor's address, phone & e-mail are correct?		Yes _____	No _____		