PURCHASE ORDER

VENDOR:_____ TODAYS DATE:_____

Student Organization Sponsoring Event:_____

Contact Name:_____

Contact Email:_____

Contact Phone Number:_____

Name of Event Being Promoted:_____

Date of Event:_____

Quantity Ordered	Item(s) Ordered (if ad please specify date(s)	Unit Cost	Total Cost
		GRAND TOTAL:	

FOR SGA OFFICE USE ONLY:

APPROVED BY: _____

DATE:_____

SGA BILL #_____

ACCOUNT NUMBER:_____

Send Invoice To:
Student Activities & Services
809 K-State Student Union
Manhattan KS 66506