

**Tour Group Purchasing
(For Internal Purposes Only)**

Do not write in gray areas

Requestor's Name		Date	
Vendor name			
Vendor address			
Vendor phone			
Vendor number		Our customer number	

Catalog #	Item/Description	Size	Qty	Catalog Price	Catalog Price Ext.	Actual Price	Actual Ext.
	Hazardous fee (if applicable)						
	Shipping/Handing (if applicable)						
Total estimated amount:							
Total actual amount:							

Order Notes	

Approvals			
Inventory check			
Dr. Tour		Grant	D. James

Order Placement Details			
Date Ordered		P.O. #	
Shipped Via	<input type="checkbox"/> Air <input type="checkbox"/> Ground Carrier:		
Delivery Time			
Reference #		Rep's Name	