

PURCHASE REQUEST # _____

NAME _____

ACCOUNT# _____

DATE _____

BILL TO:

THE COLLEGE OF WILLIAM & MARY

DEPARTMENT OF BIOLOGY

PO BOX 8795

WILLIAMSBURG, VA 23187-8795

PH 757-221-2207 / 2208 / 2209

FAX 757-221-6483

VENDOR _____

ADDRESS _____

PHONE _____

FAX _____

CUSTOMER# _____

FIN# _____

SHIP:

THE COLLEGE OF WILLIAM & MARY

DEPARTMENT OF BIOLOGY

540 LANDRUM DR ISC 3035

ATTN:

INTEGRATED SCIENCE CENTER, ROOM 3035

WILLIAMSBURG, VA 23185

CONFIRMATION# _____

REQUESTED BY _____

CUSTOMER SVC REP _____

DATE _____ TIME _____

NO	QTY	UNIT	CATALOG#	DESCRIPTION	PRICE	AMOUNT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

SUBTOTAL _____

CHAIR/PRINCIPAL INVESTIGATOR

S/H _____

TOTAL _____