

COE Business Office

Procard Purchase Request

Purchaser Information

Name: _____ Department: _____

E-mail: _____ Phone: _____

ALL PURCHASES SHOULD BE TAX EXEMPT

IF TAX IS CHARGED YOU WILL BE RESPONSIBLE FOR GETTING A REFUND

Check ineligible vendors here before purchasing: <http://www.bussvc.wisc.edu/purch/inel.html>

Office supplies should be purchased through MDS.

Vendor

Vendor Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Vendor Phone: _____

Vendor Fax: _____

Vendor Contact Name: _____

Ship to Address

Name: _____

Street: _____

Bld/Room#: _____

City, State, Zip: _____

Description (Illegal vendor list checked?) <input type="checkbox"/>	Price

TOTAL: _____

Funding

Acct	Fund	Department ID	Program	Project
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***Upon purchase please forward all documentation to CoE Business Office*
(ie. Detailed receipts, business purpose, HQC form)**