PLEASE TYPE OR USE BALLPOINT PEN

THE OHIO STATE UNIVERSITY

Internal Order

XXXXXX

From: Department Education 07/17/06 (Date) 614-292-XXXX (Phone)

Initiated by John Doe 614-514-XXXX (Phone)

E-mail doe.9999@osu.edu Fax 614-247-XXXX

Authorized Signature (Sign Here)

TO: ☐ Physical Facilities ☐ Printing Services ☐ Stores ☐ Other

Delivery due date July 17, 2006

Deliver to:
Bldg. & rm. # Arps Hall - Rm. 306

Bldg. # code 011

Street address 1945 N High St.

The first row is required information. The second row is optional.

Organization	Fund	Account	Budget year
XXXXX	XXXXXX	XXXXX	XXXX

Project	Program	User defined

To be completed by internal supplier.

Date filled	Store no.	Filled by	Tr. code

Quantity	Unit of Measure	Item no.	Item description	Reference	Unit price	Amount
			New cell phone and new number for John Doe			
			2yr Agreement			
			Free Samsung A640			$0.00
			600 minute plan			$40/month
			Insurance			$5/month
			Leather Case			$39.99
			Car Charger			$39.99
			(Any Additional Comments)			
				Total		

Delivered by Date Received by

The Ohio State University
Form 100-W Long Rev. 8/03 Stores 53710

White: Supplier Copy, Canary: Billing Copy, Pink: Delivery Copy, Goldenrod: Department Copy