QUEENS UNIVERSITY OF CHARLOTTE

Purchase Order

Date:_____ PO Number:_____

(To be completed by Accounts Payable)

To:	**Bill & Ship to:** ***Attn:*** ***Queens University of Charlotte*** ***1900 Selwyn Avenue*** ***Charlotte, NC 28274***

TERMS: Net 30 Queens Account Number: _____

Quantity	Item #	Description	Unit Cost	Total Cost
			TOTAL	$ -

Notes:

1. Tax and shipping expenses should not be included on the purchase order.
2. Please reflect PO number and contact name on all shipments. COD shipments will not be accepted.
3. PO numbers are required for all orders over $250.00. Please refer to the Purchase Order Policy for more information.

Budget Manager's Signature

Vice President's or Academic Dean's Signature (when applicable)

Revised 6/1/05

Thrive.