

HISTORY ORDER FORM

Vendor Info.
 Vendor/Payee Name: _____
 Phone: _____
 Fax: _____
 Email Address: _____
 Mailing Address: _____

Requester Info.
 Requester: _____
 Email Address: _____
 Date Requested: _____
 Date Needed: _____
 Delivery Address: _____

Purpose of the Order (enter a detailed description of how, what, where, when, and why the tangible goods will be used):

Qty.	Unit/ Size	Description	Unit Price	Total Price

You must enter quantity and unit price to get total price.

Invoice Number: _____
 Special Instructions/ Comments: _____

Shipping/
 Handling _____
 Sub-Total _____
 Tax _____

Total _____

Full Accounting Unit

	Acct	CC	Fund	Project	Sub	Object	Amount
FAU #1	_____	_____	_____	_____	_____	_____	_____
FAU #2	_____	_____	_____	_____	_____	_____	_____
FAU #3	_____	_____	_____	_____	_____	_____	_____

Budget Name: _____ Recharge ID: _____

----- Office Use Only -----

For Events Only

I, the organizer, will provide the following after the event (check): [Guest List](#) Final Invoice

Organized By: _____ Signature _____

Authorized By: _____ Signature _____

Fund Manager/
 CAO Approval: _____ Signature _____

PLEASE MAKE A COPY OF THE RECEIPT/INVOICE FOR YOURSELF AND AFFIX LOOSE RECEIPTS TO 8 1/2" x 11" PIECE OF PAPER WITH TAPE – DO **NOT** STAPLE. (YOU MAY ALSO EMAIL YOUR RECEIPTS). SUBMIT GUEST LIST AND FINAL INVOICE NO LATER THAN 5 DAYS AFTER THE EVENT.