

INTRAMURAL PURCHASE ORDER

(For internal use only)

IOWA STATE UNIVERSITY

OF SCIENCE AND TECHNOLOGY

Selling Department TRANSPORTATION SERVICES

Date _____

Buying Department _____

Account # _____

Buying Department Mailing Address _____

Requested by _____

Quantity	Description - specify each item clearly	Unit Cost	Estimated Cost
	<p align="center"><u>Please provide the following information for your vehicle reservation</u></p> <p>Type or size of vehicle needed: _____</p> <p>Number of vehicles needed: _____</p> <p>Destination: _____</p> <p>Date and time to pick up: _____</p> <p>Date and time to return: _____</p> <p>Driver's Name: _____</p> <p>Campus Phone Number: _____</p> <p>This reservation: (please check one)</p> <p><input type="checkbox"/> HAS been called in to the dispatcher</p> <p><input type="checkbox"/> HAS NOT been previously called in to the dispatcher</p> <p>NOTE: Reservations can be faxed to 294-4838</p>		
	Total		

Approved _____

Head of Dept. or Sec. **(MUST BE SIGNED)**

(Please sign both printed copies and give to Selling Department)