

# 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 style="text-align: center;"><b>LONG TERM RENTAL</b></p> <p style="text-align: center;"><u>Please provide the following information for your vehicle reservation</u></p> <p>Type or size of vehicle needed: _____</p> <p style="padding-left: 40px;">Destination: _____</p> <p>Date and time to pick up: _____</p> <p style="padding-left: 40px;">Driver's Name: _____</p> <p style="padding-left: 40px;">Campus Phone Number: _____</p> <p style="padding-left: 40px;">Number of Passengers: _____</p> <p>Estimated Yearly Mileage: _____</p> <p><b>NOTE:</b> Reservations can be faxed to 294-4838</p>		
		<b>Total</b>	

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