

# 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
	<b>SHORT TERM RENTAL</b>  <u>Please provide the following information for your vehicle reservation</u>  Type or size of vehicle needed: _____  Number of vehicles needed: _____  Destination: _____  Date and time to pick up: _____  Date and time to return: _____  Driver's Name: _____  Campus Phone Number: _____  Number of Passengers: _____  This reservation: (please check one)  <input type="checkbox"/> <b>HAS</b> been called in to the dispatcher Reservation Number _____ <input type="checkbox"/> <b>HAS NOT</b> been previously called in to the dispatcher  <b>NOTE:</b> Reservations can be faxed to 294-4838		
*****		*****	
		<b>Total</b>	

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