

# 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 \_\_\_\_\_

Phone number \_\_\_\_\_

Description - specify each item clearly		Est. Cost
<b>SEASONAL VEHICLES ONLY</b>		
TYPE OF VEHICLES REQUESTED (LIST A FIRST, SECOND, AND THIRD CHOICE*)		
No. of Vehicles	Order of choice	
_____	_____ Compact car	
_____	_____ Midsize car	
_____	_____ 7 Pass. van	
_____	_____ 9 Pass. Suburban	
_____	_____ 12 Pass. Van	
_____	_____ 15 Pass. Van	
_____	_____ 2 Pass. Cargo Van	
_____	_____ 5 Pass. Cargo Van	
	ADDED FEATURES	
	_____ Topper on truck	
	_____ Hitch Size _____	
	_____ 5th wheel trailer toter	
	_____ seats removed	
	_____ 4x4	
Used for:	Comments / Other          	
Approximate total mileage:		
Exact destination:		
Date and time of signing out:		
Date and time of return:		
Name of person responsible for vehicle:		
Number of Passengers:		
Office mailing address:		
Email address:		
	Fax: _____	<b>Total</b>

\*We have a limited number of vehicles and they are available on a first come first serve basis. Reservations are Time/Date stamped when intramural is received. We reserve the right to substitute vehicles when you exact request is not available

Approved \_\_\_\_\_

Head of Dept. or Sec.