



PURCHASE ORDER

The following number must appear on all invoices, bills of lading, and acknowledgements relating to this PO:

PURCHASE ORDER #:

P.O. DATE:

VENDOR (name & address):
PHONE:
EMAIL:

QUESTIONS REGARDING THIS ORDER:
Name:
E-mail:
Campus address:
Phone:

EIN: 15-6023443

Tax Exempt: 258153

QTY	UNIT	CHARGE Acct #	DESCRIPTION	UNIT PRICE	AMOUNT

SEND INVOICES TO:
 Michelle Coyne
 ESF College Foundation, Inc.
 PO Box 6486
 Syracuse, NY 13217-6486

email: mcoyne@esf.edu
 Phone: 315-470-4896

SHIP TO:
 SUNY ESF
 Receiving - 307 Stadium Place
 Syracuse, NY 13210

CAMPUS DELIVERY:
 Name: _____
 Location: _____

subtotal	
SHIPPING	
OTHER	
TOTAL	

APPROVED BY ACCOUNT SIGNATORY	DATE
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