

Center for Integrated BioSystems

Order Request Form

Date: _____

Billing information

Contact: _____

Email: _____

Phone: _____

Shipping information

Ship to CIB/4700 (Bld 54)

Alternative location:

Vendor Information

Vendor: _____

Address: _____

City/State/Zip: _____

Web site: _____

Phone: _____

Fax: _____

Item No.	Item Description	Qty	U/M	Unit Cost	Total Cost	Index #	Special Instructions:

Please Return to:

Darlene Orduno
Center for Integrated BioSystems
4700 Old Main Hill
Logan, UT 84322-4700
(435)797-2753
Fax: (435)797-2766
e-mail: darlene.orduno@usu.edu

Estimated Total Cost: _____
(Shipping and special charges may be applied)

Authorized by: _____

Authorized Signature: _____