

**Tour Group Purchasing
(For Internal Purposes Only)**

Do not write in gray areas

| | | | |
|-------------------------|--|----------------------------|--|
| Requestor's Name | | Date | |
| Vendor name | | | |
| Vendor address | | | |
| Vendor phone | | | |
| Vendor number | | Our customer number | |

| Catalog # | Item/Description | Size | Qty | Catalog Price | Catalog Price Ext. | Actual Price | Actual Ext. |
|--------------------------------|----------------------------------|------|-----|---------------|--------------------|--------------|-------------|
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| | | | | | | | |
| | Hazardous fee (if applicable) | | | | | | |
| | Shipping/Handing (if applicable) | | | | | | |
| Total estimated amount: | | | | | | | |
| Total actual amount: | | | | | | | |

| Order Notes | |
|-------------|--|
| | |

| Approvals | | | |
|------------------------|--|--------------|-----------------|
| Inventory check | | | |
| Dr. Tour | | Grant | D. James |

| Order Placement Details | | | |
|-------------------------|--|-------------------|--|
| Date Ordered | | P.O. # | |
| Shipped Via | <input type="checkbox"/> Air <input type="checkbox"/> Ground Carrier: | | |
| Delivery Time | | | |
| Reference # | | Rep's Name | |