

TPC Use:

Date: _____ Order No: _____ Init: _____
Journal ID: _____ Sales Rep: _____ Page: ___ / ___
IRR No.*: _____

Bill To:

Dept. ID: _____ Dept. Name: _____
Auth. Buyer: _____
Buyer Phone: _____ Buyer Email: _____
Auth. Buyer Signature: _____
RFO Name: _____ RFO Email: _____
Comments: _____
Vice President's Signature*: _____ Date: _____

Delivery/Ship To:

Copy from Bill To

Dept. Name: _____
Delivery Name: _____
Delivery Phone: _____
Delivery Email: _____
Street Address: _____
Bldg. Name: _____ Bldg. No: _____ Room No: _____
Zipcode: _____ - _____

Price & availability are subject to change without notice. Shipping & handling fees may apply to some products.

TPC Use Only				Customer Use				
PO Number	Invoice Number	Rec'd By/Date	Decal	QTY	Part Number	Description	Unit Cost	Total Cost
Complete Order							** See Note Below	
Rec'd By (print):				(Sign):			Date:	
							*Order Total	

*ORDERS OVER \$20K REQUIRE AN IRR FORM (www.tpc.ucf.edu/graphics/irr_form.pdf) **Note: Please inspect this delivery for accuracy; by signing for the delivery you accept responsibility for the products.
*ORDERS OVER \$50K REQUIRE V.P. SIGNATURE

Please email your order.

Submit Via Email

Print