

Mail (US Postal Service)
Pick-Up (Call ext.)
Name:

ADDRESS:	Complete address required. <u>NO</u> can addresses are acce				
CITY/STATE/ZIP:					
ROM:	995201		Co	orvette Raffle (M	lajor Fund)
	Original Receipts are <u>l</u>	REQUIRED. Us	se separate line fo	r shipping char	ges.
Invoice Date	Invoice / Acct No.	Due Date	Invoice Amount	P O Number	Foundation Use Only
1)					
2)					
3)					
1)					
5)					
DESCRIPTION:					
JESCRIPTION:					
APPROVALS:					
Requested by:				Date	
, , , , , ,					
Approved By:				Date	
	ıre (Vice President Require			Date	

^{*} Inventory Control will be notified of equipment purchases over \$1,000.

^{*} Send with original receipts to WKU Foundation, CAC 200. Make copy for your records.