

# KETTERING FUNDS OR MATERIALS REQUEST

<b>SUGGESTED SUPPLIER / PAYEE:</b>  <1>	9 Bookstore <5> 9 Check: Mail ____ Hold ____ 9 Petty Cash 9 P.O.: Mail ____ Hold ____ 9 Supply	<b>FOR PURCHASING DEPT. USE ONLY</b>  P.O. NO. _____ TERMS _____ SHIP VIA _____ F.O.B. _____
<b>DELIVER TO:</b>  <2>	Origination Date: <3> ____  Date Needed: <4> ____	

QTY.	I.D. NO.	DESCRIPTION & ESTIMATED COST	ACCTG. DEPT. USE
<6>	<7>	<8>	

Dept. No.: <9> _____ Contact Person: <10> _____ Received by: <11> _____ Filled by: <12> _____	Approved by: <13> _____ _____ _____ _____	<b>AUDIT:</b>  <b>APPROVED:</b>
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VENDOR NO.	INDEX NO.	ACCT. NO.	INVOICE NO.	INVOICE DATE	DUE DATE	AMOUNT	DISC.	1099