Date Internal #

Astro/CIPS/RAL/TAC Internal Order Form (IOF)

Processing Unit ___ Vendor Name _____ Vendor ID _____ **BRF/Order #**

Dept Description _____ PO Reference _____ ____bluCard IOC LVPO Requisition _____

Ship to _____ Ship Via _____ Preparer _____ Approver _____

% Account Fund Org Pgm Project Flexfield Notes (Vendor Information, etc.) _____

_____ _____

_____ _____

_____ _____

_____ _____

Dates: Start_____ Order_____ ETA_____ PO Approve_____ Received_____ Voucher Approve_____Voucher # _____

Order Method_____ Initials_____ Pack Slip Initials_____ Post Date: _____

*PLEASE PRINT CLEARLY BELOW & DIFFERENTIATE BETWEEN LETTERS/NUMBERS

Requestor _____ Telephone _____ Due Date _____ Fund ____ Flex _____ Fabrication? No Yes _____

Suggested Vendor _____ Fund Approval _____

Description	Item/Part #	Qty	UOM	Est Price/Unit	PO Price	Amount
REASON FOR PURCHASE:	Shipping					
	Tax (Rate:)					
	Total					