

**UNIVERSITY OF NORTH FLORIDA**  
OFFICE SUPPLY ORDER CALL RECORD

**This form shall be used for ordering: (1) Consumable Office Supplies (2) Rubber Stamps & Badges**  
 A separate form must be used for each category.  
 Complete the Department Information, Delivery Information, and Item Selection portions of the form. Fill in the name of the appropriate vendor in the space provided.

**Vendor Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**DEPARTMENT INFORMATION**

**DELIVERY INFORMATION**

Receiving Department Name \_\_\_\_\_

Deliver to Building \_\_\_\_\_ Room \_\_\_\_\_

Account Number \_\_\_\_\_

Alternate Building \_\_\_\_\_ Room \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

**ITEM SELECTION**

Line Item #	Description	Stock #	Qty.	Unit	Unit Price	Backorder Yes/No	Substitute Yes/No	For Vendor Use Only: Contract Pricing

Purchase Order #: \_\_\_\_\_

Purchasing Approval: \_\_\_\_\_

Order #: \_\_\_\_\_