

Urgent/Emergency PO Request

Campus:				
Requester Name:				
Requester Department:				
KFS Account Number:			KFS Object Code:	
Fiscal Officer Name:				
Deliver To				
Name:				
Room:	Building:			
Street Address:				
Vendor Information				
Vendor Name:				
Address:				
City:			State:	Zip:
KFS Vendor Number (if available):				
Item/Service to Purchase				
Quantity:	Unit:	No	Quantity	

Complete Description of Item/Service:

Unit Price: Extended Price: Payment Terms: Shipping Estimate (if UMD is paying shipping): Trade in value (if applicable): Description of item traded in:

Total Order Price:

Explanation of need:

Notes: