

**ARKANSAS TECH UNIVERSITY****P-CARD ORDER FORM****(Department Name)****Russellville, AR 72801-2222****Tel: 479-\_\_\_-\_\_\_\_\_****Fax: 479-\_\_\_-\_\_\_\_\_**

Date: \_\_\_\_\_

No. of Pages Faxed: \_\_\_\_\_

To: EDUCATIONAL SALES ORDER DEPARTMENT

Company: \_\_\_\_\_

Subject: VISA ORDER

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	EXTENDED COST
			Shipping	
			8.5%	
			Arkansas Sales Tax	
			<b>TOTAL</b>	

DELIVER TO ADDRESS

(Cardholder's Name)

**And****P-CARD ORDER****ARKANSAS TECH UNIVERSITY**

(Building &amp; Room No.)

BILL TO ADDRESS:

(Street Address)

**RUSSELLVILLE, AR 72801-2222**

CHARGE ORDER TO: VISA CARD NO. \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**NOTE: ALL BACKORDERS ARE TO BE CANCELLED**