St. Cloud State University
Purchasing Worksheet (External)

Line No.	Quantity	Description	Unit Price	Total Price

Sub Total	
Shipping	
Total Price	

Vendor Name:	Web Address:
Street Address:	Phone No:
City, State, Zip:	Fax No:

Requestor Name:	Date:
Instructor Name:	**Instructor Signature:**

Purpose of Purchase:
Chairperson Signature:

Student Research Fund: Yes No
Coordinator Signature:

Ordered:
Confirmed:
Invoiced:
RCVD:
Paid: