



PURCHASE / PAYMENT TO VENDOR

The Henry M. Jackson School of International Studies
Box 353650, University of Washington

For Business Office Use:

Non- PO Invoice #: _____

PO #: _____

PLEASE TYPE FORM

Date: _____

NOTE: If purchase is shared between JSIS and non-JSIS budgets, you must attach a completed **UW PR-3** form.

Budget #: -	Amount:	PCA*:	PI/Chair Authorization:
Budget #: -	Amount:	PCA*:	PI/Chair Authorization:

**If Needed*

Requested by:	Program:	
Phone:	Email:	
Vendor Name:	Vendor Tax ID #:	
Address 1:	City:	
Address 2:	State:	Zipcode:
Phone #:	Fax #:	

Business Purpose of Purchase:

Quantity	Model #	Item Description	Item Price	Total Per Item

Sub-Total
Shipping and Handling:
Sales Tax:
Discounts: (Enter discount as an amount, e.g., -123.13):
Total in US Funds:
Total in Foreign Funds: *Country*

\$
\$

Please attach a completed vendor invoice. If payee has not completed the online supplier registration form **Supplier Registration Form** previously, then the payee must complete the form. The Business Office will inform you if you need to complete a sole source justification.

Submit form to: *JSIS Accounts Payable, Thomson Hall 4th Flr Mailroom*
This form shall not be reproduced by units other than the Jackson School without written permission