



**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: \_\_\_\_\_

Budget #: -	Amount:	PCA*:	Authorized Signature:
Budget #: -	Amount:	PCA*:	Authorized Signature:

*\*If Needed*

Requested by:	Program:	
Phone:	Email:	
Vendor Name:	Vendor ID #:	
Address:	City:	
Phone:	State:	Zipcode:

Will this vendor be paid more than \$10,000 total in a year?      Yes      No

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):	
<b>Total in US Funds:</b>	\$
Total in Foreign Funds: <i>Country</i>	

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 4<sup>th</sup> Flr Mailroom*  
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