

UM DEPARTMENTAL USE ONLY

<https://olemiss.app.box.com/f/efd76ad95a874fb687b6e7cc16220ae5>.

*Note: The italicized paragraphs below may not be altered.

PO Number:

Vendor Name: _____

Department: _____

Department Contact's Name:

Department Contact's Email:

The invoice for the goods and/or services specified below should be paid.

If a contract is associated with this purchase, I understand that I am responsible for personally confirming receipt of the commodities (goods) and/or services as well as ensuring compliance with all terms and conditions of the contract. In addition, payment for these goods and/or services will not cause the total amount expended under the contract to exceed the agreed-upon contract amount, and the invoice for them should be paid.

Please process a Goods/Services Receipt on the specified lines for the following quantities:

☐ All quantities on all lines received

OR

[illegible]