



Dorn Research Institute
Columbia, South Carolina

Purchase Order Request

Date	Type: Standing (Recurring) One-time	Purchase Order # <small>(Completed by DRI Admin)</small>	
Requested By:		Authorized Signature	
Description	Quantity	Unit Cost	Total Cost
			Tax S/H
Justification			
Project Title/Account Name			
Vendor Name, Address, and Phone			
DRI Executive Director Approval		Date:	
Bill To:		Ship To:	

* Total cost may be higher based on taxes, shipping, or additional fees and will be billed in addition to the amount above as necessary.