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PAGE _____ OF _____

Departmental Sales Order Form

Department: _____

Contact Name: _____

Please Check One:

Pick-Up

Deliver to Room#: _____

Special Instructions: _____

Building: _____

Address: _____

Date: _____

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Speedchart	Account	Fund	Dept ID	Project/Grant	Program ID

CATALOG DESCRIPTION OF PRODUCT (PLEASE INDICATE SIZE, COLOUR, WEIGHT, STYLE) (ALSO USE CONTINUATION SHEET IF NEEDED)	PAGE# AND ITEM LETTER	PRODUCT NUMBER	FOR BOOKSTORE USE ONLY					
			QTY	UNIT	SKU	PRICE	ORDER	PO#

----- UBC-BOOKSTORE-STAFF-TEAR-FORM-HERE-AND-SHRED-CREDIT-CARD-INFORMATION-BELOW-SECURELY-AFTER-USE ----- SHRED-CREDIT-CARD-INFORMATION-BELOW-SECURELY-AFTER-USE -----

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(Continuation Sheet)