



Purchase Order #

Account .Sub#
VendID
Approval

Purchase Order

This form constitutes an approved PO when approval and PO# are issued.
Western Michigan University School of Medicine is a Non-Profit Michigan Corporation / Tax ID #45-4135256

Date of Requisition Department Department Head Signature
(269)

Suggested Source Company (phone/email) Requested by (name and phone)
Business Purpose Order will be placed by: Accounting Dept

Item Number	Item / Service Description	msds	Qty	UOM (ea/bx)	Unit Cost	Total Cost
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				

Grand Total:

Additional Service Description

This contractor and subcontractor shall abide by the requirements of 41 CFR §§ 60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

Notice to Vendors: All invoices must carry the approved WMU-WMed Purchase Order # and be mailed to
Billing address: WMU School of Medicine P.O. Box 50391, Kalamazoo, MI 49005-0391, Attn: Accts Payable.
Ship To:

- ☐ WMU School of Medicine, 1000 Oakland Dr, Kalamazoo, MI 49008-8000; Receiving dock open 8a-12p.
- ☐ WMU School of Medicine, 300 Portage St, Kalamazoo, MI 49007-7000; Receiving dock open 8-11a and 1-4p.
- ☐ WMU School of Medicine, 1717 Shaffer St, Suite 010, Kalamazoo, MI 49048-1623
- ☐ WMU School of Medicine, 4717 Campus Dr, Kalamazoo, MI 49008