

Purchase Order Request Form

Req. No. _____ Purchase Order No. _____
 Account No. _____ Account Name _____
 Professor's Name _____ Signature _____
 Your Name _____ Your Email _____ Your Phone Number _____
 Date _____

Special Instructions:

Item No.	Description	Quantity	Unit (each, pkg, case)	Per-Unit Price	Line Item Total Price

In Stock Lead Time _____ **Total Price** _____
 Shipping Preference Ground Express

Complete Name of Vendor: <u>Shanghai OpticalRotation</u>	Name of Contact: <u>Leng Jing</u>
Address of Vendor: <u>Suite 9K, Building 2, Yueda International Plaza, 1118, Chang-shou Rd.,</u> <u>Shanghai, 200042, China</u>	Contact's phone number: <u>0086-21-6211 5196</u> Contact's fax number: <u>0086-21-6211 5197</u>

Please attach any web printout or email or faxed quotation received from vendor.