VENDOR INFORMATION

VENDOR NAME

Plant Operations

HOSPITAL MATERIALS

Maximo Generated Order Number

DATE Material Required (Month/Day/Year)

INVOICE #(OPTIONAL)

☐ RUSH ORDER

☐ STOCKROOM PICKUP

☐ VENDOR DELIVERY

☐ NON-STOCK ITEMS

SHORT CODE

SIGNATURE

DATE

	0 0 0 0 0	0 0 0 0	
WORK REQUEST # 15 PLACES, BEGIN AT THE LEFT HAND SIDE. USE SEMI COLONS FOR BOXES THAT ARE NOT FILLED IN. EXAMPLE 0001111111;;;;;	PHASE # Always five zeroes for hospital orders.	WORK COD Always four zeroes for hospital orders.	EMPLOYEE # 4 PLACES. ALL NUMERIC CHARACTERS. EX.0018

PERSON PLACING ORDER (Please Print)

PROJECT LOCATION

SHIP TO ATTENTION

BUILDING AND ROOM (or Location ID if known)

CITY

STATE

ZIP

PHONE #

QUANTITY	ITEM NUMBER	DESCRIPTION	Unit of Measure	UNIT COS

Material Service Unit
1201 Kipke Drive, Room 1040
Ann Arbor, MI 48108

Phone 734 764-2467

Fax 734 763-1584