

CONTACT/BILLING INFORMATION

Purchase order or departmental requisition # _____ Todays date _____ Due date _____

Contact person _____ Telephone _____ Fax _____

Email _____ Previous job number or approximate date _____

Bill to (department and address) _____

Pick-up (24 Umberger Hall) Delivery or shipping address _____

Special instructions _____

Signature (please print also) _____

MEMO PAD

Standard size is 5½ × 8½
50 sheets per pad with chipboard backing # of pads _____

College/Department/Office/Name _____

Department/Office/Title _____

Department/Office/Title _____

Room and Hall _____

Street address _____

City, State, Zip+4 _____

Phone _____

Fax _____

Email _____

Website _____

ROUTING SLIP

Standard size is 3¾ × 7¼
50 sheets per pad with chipboard backing # of pads _____

College/Department/Office _____

Department/Office _____

Room and Hall _____

Phone _____

Fax _____

Name _____

Name _____

Name _____

Name _____

Name _____

KANSAS STATE Memorandum
UNIVERSITY

College/Department/Office/Name
Department/Office/Title

Room and Hall, Street address, Manhattan, KS 66506 | phone | fax | email | website

KANSAS STATE Routing Slip
UNIVERSITY

College/Department
Room and Hall
Phone
fax: Fax number

DATE: _____
FROM: _____
____ Name
____ Name
____ Name

TO: _____

____ Your signature ____ Your recommendation
____ Action by you ____ Please return
____ Reply by you ____ Initial and forward
____ Draft for my signature ____ Your comment
____ Your files ____ Your approval
____ Your information ____ Let's discuss
____ Please call me ____ Per your request

REMARKS: