

PLEASE CHECK ONE

QUOTE

ORDER

NORTHWESTERN UNIVERSITY
OFFICE SUPPLIES PROGRAM
FURNITURE FORM

DATE _____

FAX COMPLETED FORM (QUOTE OR ORDER) TO 1-3849	ORDER # (Assigned by Office Supplies Program)
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FUND	AREA	ORG	SUB ORG	OBJECT	SUB OBJ

If you have questions, call
University Services- EV
ext. 1-7569

CHECK ALL ITEMS UPON RECEIPT
IF THERE IS A DISCREPANCY IN YOUR ORDER,
PLEASE NOTIFY

by e-mailing IllinoisFurnitureSupport@cexp.com

within 5 days from receipt of delivery

SCHOOL/AREA		DEPARTMENT NAME	
DELIVER TO: Name		Room No.	Building
Address		Campus	

QUANTITY	UNIT OF MEASURE	ITEM NUMBERS	DESCRIPTION	UNIT PRICE	TOTAL

Special instructions:

DELIVERY INSTRUCTIONS: Please check one of the below:

"IN-CARTON" DELIVERY- no set up, merchandise will be delivered "in carton"

INSIDE DELIVERY & SET UP- merchandise will be set-up at time of delivery

Corporate Express will e-mail you a quote before your order is placed. All orders require a delivery charge and/or installation fee quote (signed by the person who will place the order) before the order can be fulfilled.

Contact Name _____	<i>Merchandise TOTAL</i>	\$
e-mail address _____	<i>Quoted delivery /set-up charges</i>	\$
Complete Phone # _____	<i>ORDER TOTAL</i>	\$

Alternate contact _____

Authorized Signature: _____ (required on all quotes and orders)