

**PURCHASE ORDER**

To: VENDOR NAME

Address/Phone/Email

From: (Your name and email address) Biomedical Engineering Department

1840 Entrepreneur Drive, Room 4130

Campus Box 7115

Raleigh, NC 27695-7115

Sir/Madam: We would like to order the following item(s): (Description-Item #/Cost)

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|  |  |

*OUR PURCHASE ORDER #:*

# SHIP TO: (Your Name)

Biomedical Engineering Department North Carolina State University

Room 4130, 1840 Entrepreneur Drive

Campus Box 7115 Raleigh, NC-27695-7115

# BILL TO: [dwest3@ncsu.edu](mailto:dwest3@ncsu.edu)

or U.S. MAIL TO: ATTN-Darlene West Biomedical Engineering Dept.

NCSU; Campus Box 7115

4130 EB3

1840 Entrepreneur Drive,

Raleigh, NC 27695

*THANK YOU!*