



UNIVERSITY
OF MANITOBA

VISA ORDER FORM

SUPPLIER: _____

SHIP TO: THE UNIVERSITY OF MANITOBA

 ATTENTION: _____

REFERENCE # _____
 CARDHOLDER _____
 VISA CARD NO. _____
 EXPIRY DATE _____
 PHONE NUMBER _____
 FAX NUMBER _____
 DATE REQUIRED _____
 REQUISITIONED BY _____
 ORDER DATE _____
 SHIPPING: FOB DESTINATION PREPAID (ALL CHARGES)

QTY	UNIT	DESCRIPTION / CATALOGUE #	PRICE	AMOUNT

NOTES TO SUPPLIER:

- 1) The 22 digit FOAP below and Reference # above MUST appear on shipping documents & all related correspondence
- 2) Please send confirmation by fax.
- 3) Please forward paid invoice to the Cardholder

SUBTOTAL	
MANITOBA PST	
GST	
TOTAL	

F O A P A L

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APPROVED BY: _____ DATE: _____