

State of West Virginia
Purchasing Division

RELEASE ORDER

Release No.: _____ Req. Date: _____ Buyer: _____

Fund Accounting Information: _____

Agency/Invoice To: _____ Dept. Code: _____

Ship To: _____

Vendor Name and Address: _____

wwOASIS Vendor Customer No.: _____

Terms: _____ F.O.B.: _____

<u>Item No.</u>	<u>Quantity</u>	<u>Description</u>	<u>Unit Price</u>	<u>Amount</u>
		Agency or Central Master Agreement Number (AMA/CMA #) _____		

Authorized Signature: _____

Title: _____

Telephone: _____

Total Amount: _____

*Original: Vendor
Copy: Auditor's Office
Copy: Purchasing Division*