



PURCHASE ORDER REQUEST

DATE NEEDED BY: _____

REQN NUMBER: _____

REQUESTED BY: _____
SIGNATURE/DATE

APPROVED BY: _____
SIGNATURE/DATE

* * * * PROJECT CHARGES REQUIRE PROJECT MANAGER SIGNATURE * * * *

| Item No. | Unit | Qty | Description | Charge to Account # | Unit Cost | Extended Cost |
|----------|------|-----|-------------|---------------------|-----------|---------------|
| | | | | | | |

Tax Exempt? () YES () NO

TOTAL COST:

| | |
|------------------------------|---|
| <p>Ship to: _____</p> | <p>Invoice to: Ultra Technologies, Inc Attn: Accounts Payable 2750 Killarney Drive, Suite 205 Woodbridge, VA 22192</p> |
|------------------------------|---|

| | |
|--|--|
| <p>VENDOR: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>_____</p> <p>CONTACT: _____</p> <p>PHONE: _____ FAX: _____</p> <p>REQ. DELIVERY: _____</p> | <p>Quotation Attached () Yes () No</p> |
| <p>_____</p> <p>SIGNATURE</p> | <p>_____</p> <p>DATE</p> |

APPROVED
 DISAPPROVED