

PIXEL LAB

Reference: _____

Name: _____ Date: _____ Due: _____

Email: _____ Phone: _____

SELECT A PAYMENT

Cash Check NCard Credit/Debit Owe Business

CEHS Dept: _____

University Dept: _____ Cost #: _____

FOLDER/FILE: _____

MAC PC

DESCRIPTION	P	L	M	QUANTITY	UNIT PRICE	SUBTOTAL
_____				_____	_____	_____
DESCRIPTION	P	L	M	QUANTITY	UNIT PRICE	SUBTOTAL
_____				_____	_____	_____
DESCRIPTION	P	L	M	QUANTITY	UNIT PRICE	SUBTOTAL
_____				_____	_____	_____
DESCRIPTION	P	L	M	QUANTITY	UNIT PRICE	SUBTOTAL
_____				_____	_____	_____
DESCRIPTION	P	L	M	QUANTITY	UNIT PRICE	SUBTOTAL
_____				_____	_____	_____

NOTES:

Subtotal Charges: _____

5% Admin Fee: _____

Tax Exempt or Tax: _____

TOTAL: _____

Took Order: _____

Notified



PIXEL-LAB.UNL.EDU | PIXEL-LAB@UNL.EDU | 402.472.2258

Public Business: _____ Attn: _____

ADDRESS

CITY/STATE/ZIP

PHONE

TAX EXEMPT NUMBER

NOTES: