University of Northern Iowa
Request for Blanket Agreement

☐ New Agreement
☐ Change to Agreement

Departmental Information:
Dept Name: ____________________________________________________________
Dept Number: ____________________________
Campus Mail Code: ____________________________
Requested By: __________________________________________________________
Phone: ____________________________________________

Agreement Information:
PO Number (if change): ____________________________
Effective Dates: From ______________ To ______________
Total Amount of Agreement: ____________________________
Vendor Name & Address:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Ship to Address:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Category Code: ____________________________
Description: ____________________________________________________________

Signatures:
Authorized by: ____________________________ Date: ______________
Authorized by: ____________________________ Date: ______________