

Vendor Information			
Name of Vendor:		Vendor Contact Name:	
Street Address:		Title:	
City:	State:	Zip Code:	Phone #:

ODU Department Information			
Department Representative:		Department:	
Street Address:			
City:	State:	Zip Code:	Phone #:

Complaint Date:	Contract #:	P.O. #:	P.O. Date	Description:
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Nature of Complaint: <i>Please Describe</i>
Invoice/Payment:
Delivery:
Specifications:
Other:

Please send completed form to procurement@odu.edu