| PURCHASE ORDER  |               |          |                      |        |
|---|---------------|----------|----------------------|--------|
| мсмс  |               |          |                      |        |
| 1000 Hoes Lane  |               |          |                      |        |
| Piscataway, NJ 08854  |               |          | PO Dat               | e:     |
| Purchase From:  |               | Ship To: |                      |        |
|   |               |          | MCMC                 |        |
|   |               |          | 1000 Hoes Lane       |        |
|   |               |          | Piscataway, NJ 08854 |        |
| Contact Name:   |               |          | Contact Name:        |        |
|   |               |          | Waqar Ahmed          |        |
| Shipping Method   | Payment Terms |          | Required By Date     | 2      |
| Item Description  | Quantity      |          | Unit Price           | Amount |
|   |               |          |                      |        |
|   |               |          |                      |        |
|   |               |          |                      |        |
|   |               |          |                      |        |
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|   |               |          |                      |        |
|   |               |          | Order Tot            | :al    |
|   |               |          |                      |        |
| Approvals (Print name, sign and date)                       |               |          |                      |        |
| Majlis-e-Shura meeting date where                           |               |          |                      |        |
| the expense was approved (for amounts greater than \$1000): |               |          |                      | _      |
| P O Submitted by:   | x             |          |                      | _      |
| Approved by Committee Chair:                                | x             |          |                      | _      |
| Approved by President:                                      | x             |          |                      | _      |