

## INDIANA UNIVERSITY

## PURCHASING DEPARTMENT

## **Bill of Sale**

Selling	g Departi	ment Name:		
Date:		IU KFS AR Invoice#:		
	mer/Buy	Customer/Buyer Name:  Address Line 1:  Address Line 2:  City, State Zip:  Per PO/REF# if applicable:		
Qty	UOM	old: Check box if additional goods are listed on attached document.  Description		Price
			Total	
		t has no warranties either expressed or implied. This equipment is "As Is" and the f once purchased.	nerefore is the	;
Indian	a Univers ll encumb	sity on behalf of is the lawful owner of the goods and brances. IU has the right to sell the goods and will warrant and defend the right f all persons.	nd the goods a against lawfu	are free l claims
Seller	has execu	uted this Bill of Sale		
Signat				
Print N	Name:			
Title:				
Date:				