



Acct Descr.	
Account #	
Vendor #	
Batch Mo.	

Purchase Order

- Please fill out even if you received verbal approval
- Attach quotes or estimates received (when applicable)
- Checks will be disbursed upon receipt of invoice

I will place order
 Front Office to place order
 _____ will place order

Employee Purchaser: _____ Date: _____

DEPT: BMED MMED MECA ADMISSIONS OUTREACH DEVELOPMENT FIN AID BUS OFF IT LIB OTHER

EVENT/ PURPOSE: _____ FY: _____

Vendor Information:

Name _____

Item #	Qty	Item Description	Unit Price	Total
Shipping: Y/N Estimated Shipping Cost:			Total amount	

Department Approval: _____ Date: _____

CFO/ President Approval: _____ Date: _____

***All purchase orders must be approved prior to ordering. An approved copy will be returned to you for order placement. Please allow 10 days for processing.**