Organization Logo Here

Purchase Order Form

Please print this form and fill out the appropriate fields and submit to organization’s treasurer prior to completion.

\_\_\_\_\_ Permission to purchase and obtain re-imbursement.

\_\_\_\_\_ Requestion for order to be filled by purchasing agent.

Fill, scan and send to treasurer:

|  |  |  |  |
| --- | --- | --- | --- |
| Item Description | Item Number | Quantity | Date Needed |
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Purpose of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budgeted Item: \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Requester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_