

CARLETON COLLEGE
PURCHASE ORDER REQUEST FORM
 (This is **not** a purchase order)

Date _____ FOB _____ Date Items Required _____
 Requested By _____ Ship Via _____ Delivery Location _____
 Phone Ext. _____ Terms _____ Mail Stop _____
 Authorized Dept. Approval _____

Suggested Vendor/ID# _____ Vendor Phone _____
 Address _____ Vendor Fax _____
 _____ Vendor Contact Name _____

Qty	Unit	Catalog/Part #	Description	Unit Price	Item Total	ACCOUNT NUMBER				% or Qty
						Fund	Source	Dept	Expense	

Total Amount of Order \$ _____

Comments printed on purchase order: _____

If gold copy of purchase order should be sent to someone other than initiator, indicate the person & dept.

 Business Office Approval Date Received

Requisition # _____

Voucher/PO # _____