

**PURCHASE ORDER REQUEST
GENERAL FUND**

Please provide the following information:

PO Request No._____

Vendor Name_____

Address_____

Fax #_____

Phone #_____

Dept. Budget Name_____

Person Ordering Items_____

Items to be ordered, including the following information:

Quantity	Catalogue/Cart #	Description	Price/Item	Total

Sub-Total_____

Account Code:_____

Shipping_____

Sub-Total_____

Signature of Department Head

Sales Tax @ 9.6%_____

Grand Total_____