

PAYEE/VENDOR INFORMATION	
Name:	_____
Address:	_____ _____ _____

DEPARTMENT	
Name:	_____
Contact:	_____
Check Needed by: _____	

DISPOSITION OF PURCHASE ORDER
<input type="checkbox"/> Mail to Vendor
<input type="checkbox"/> Return to Department for delivery
<input type="checkbox"/> Other: _____

DELIVERY INSTRUCTIONS
<input type="checkbox"/> Deliver to campus
<input type="checkbox"/> Will pick up
<input type="checkbox"/> Other: _____

DISPOSITION OF CHECK
<input type="checkbox"/> Mail to payee with attachment(s)
<input type="checkbox"/> Pick up when ready. Call ext. _____
<input type="checkbox"/> Other: _____

PURPOSE/REASON: \_\_\_\_\_

DESCRIPTION OF PURCHASE/PAYMENT					
Item #	Quantity	Unit	Description	Unit Price	Total

**DEPT.:** (1) Complete account distribution below. Key to items if multiple accounts. **TOTAL COST** ⇒ \_\_\_\_\_

(2) Enter the actual date goods or services were received in the "RECEIVED DATE" column.

(3) Submit full documentation (bid or quote, *original* invoice, etc.) to support price/cost and selection of vendor as lowest/best.

(4) There must be adequate budget in the accounts listed or budget change must accompany.

PAYMENT INFORMATION				ACCOUNT DISTRIBUTION			AUTHORIZATIONS
INVOICE NO.	INVOICE DATE	RECEIVED DATE	DUE DATE	INVOICE TOTAL	ACCOUNT NO.	AMOUNT	
							Requested by: _____
							Dept. approved by: _____
							Budget Office approved by: _____
							Finance Office Approved by _____
<b>TOTALS</b> ⇒							_____

ACCOUNTING ONLY. DO NOT WRITE IN THIS SPACE				
Extended & Checked by:	Data Entry by/date:	Accounting. Mo.:	P. O. No.:	Vendor No.:

**Distribution:** Please forward one completed copy to Accounts Payable and retain one copy for your records.