

**PURCHASE ORDER FORM  
REQUEST**

NAME: \_\_\_\_\_  
ORGANIZATION: \_\_\_\_\_  
(WHO IS THE PURCHASE FOR?)

NAME OF VENDOR: \_\_\_\_\_

ADDRESS OF VENDOR IF KNOWN: \_\_\_\_\_

GENERAL DESCRIPTION OF PURCHASE: \_\_\_\_\_

AMOUNT OF PURCHASE (IF UNKNOWN ESTIMATE ABOVE OR BE  
RESPONSIBLE FOR THE DIFFERENCE) \$ \_\_\_\_\_

PURCHASE APPROVED BY \_\_\_\_\_  
(ADMINISTRATOR)

DATE OF PURCHASE \_\_\_\_\_  
(WHEN ARE YOU GOING TO PURCHASE THESE ITEMS?)

ALL RECEIPTS MUST BE RETURNED TO TRACIE THE NEXT WORKING  
DAY AFTER PURCHASE.

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***FOR OFFICE USE***

***PO#*** \_\_\_\_\_

***DATE OF RETURNED RECEIPT:*** \_\_\_\_\_

***AMOUNT ON RECEIPT:*** \_\_\_\_\_