

## PURCHASE ORDER FORM

Last name: First name:	Position:
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Ensure that items are clearly identified in the table below with a unique product ID to ensure your order is placed accurately. Attached separate pages if necessary. Any individual item over \$300 requires at least two quotes to be provided. Orders over \$100 will require dual signatures.

Product ID	Description	Supplier/Contact Details	Budget	Amount

Total

Justification:						
Signature:		Date:				
1 <sup>st</sup> Approval:	Approved / Declined	Position: DP / P / BM	2 <sup>nd</sup> Approval:	Approved / Declined	Position:	DP / P / BM
Date:	Signature:		Date:	Signature:		
Data Entry use:	GL Code:	Date Process	ed:		Initials:	