

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 |
|------------|-------------|--------------------------|--------|--------|
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Total

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