



Click "Highlight Existing Fields" button above to view input fields in blue

# FOUNDATION PURCHASE ORDER REQUEST

(A quote or estimate must be attached)

DATE:	REQUESTED BY:	PHONE/EXT
ACCT #:	ACCT NAME:	

Vendor Information	Accounting Instructions
Name	Mail
Address	Fax
City	Will Hand-carry
State	
Zip Code	
Phone No.	Date Required
Fax No.	

If Tax Exempt, click on the check box

Item	Quantity	Description	Unit Cost	Total

**\*APPROVAL. All required signatures must be obtained prior to processing. Attach Board Approval (when required).**

<b>Subtotal</b>	
<b>Tax (7.75%)</b>	
<b>Total</b>	

	Date
Dean or Program Director	
	Date
Foundation Director	
	Date
College President	

For Fiscal Services Internal Office Use

Vendor# \_\_\_\_\_

Voucher# \_\_\_\_\_

Batch# \_\_\_\_\_

Account# \_\_\_\_\_

Verified \_\_\_\_\_ Date \_\_\_\_\_

**Copy Distribution:**  
**Original:** Campus Fiscal Service Office  
**Copy:** Foundation Office