

CARLETON COLLEGE
Purchase Order Request Form
*(This is **not** a purchase order)*

Attach all bids and/or quotes related to the purchase. Send completed forms to the Purchasing Manager.

Date _____ FOB _____ Date Items Required _____
 Requested By _____ Ship Via _____ Delivery Location _____
 Phone Ext. _____ Terms _____ Mail Stop _____

If yellow copy of P.O. should be sent to someone other than the initiator, indicate the person below:

_____ NAME _____ DEPT

Suggested Vendor/ID# _____
 Address _____

Vendor Email _____
 Vendor Phone _____
 Vendor Fax _____
 Vendor Contact Name _____

Qty	Unit	Catalog/Part #	Description	Unit Price	Item Total	ACCOUNT NUMBER				% or Qty
						Fund	Source	Dept	Expense	

Total Amount of Order \$ _____

Comments printed on purchase order:

Authorizations:	
Budget Manager Signature	Date
Dept. Mgr. Signature (Over \$5,000)	Date

Additional Purchase Authorizations:	
_____ Purchasing Mgr Approval	_____ Date Received
_____ Comptroller Approval \$25,000+	_____ Date Received
_____ Division Mgr Approval \$100,000+	_____ Date Received
_____ VP & Treasurer Approval \$250,000+	_____ Date Received