

New England College Purchase Order Request Form

All RED starred items are required to complete this request

Requestor Information:

* Person Requesting Purchase Order

* Person who will receive shipment

* Telephone # of Requestor

* Fax # of Requestor

* Email

Vendor Information:

* Vendor Name

* Vendor Address (Street)

* Vendor Address (City/Town, State)

* Vendor Telephone #

* Vendor Fax #

* **Vendor Federal Tax ID Number** (required for all NEW vendors)

Purpose of Request

*

Date of Request (ex. 11/11/2001)

*

Order Information:

	Item # 1	Item # 2	Item # 3	Item # 4	Item # 5
Quantity	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unit Price	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount	0,00	0,00	0,00	0,00	0,00

Other Information:

* Shipping and Handling

* Other

TOTAL COSTS:

0,00

Budget Accounts:

ACCOUNT	AMOUNT
(format - xxx-xxx-xxxx-xx)	
<input type="text"/>	0,00
	0,00

Please Break down how the dollars requested above should be spread to the general ledger.

TOTAL PER ACCOUNT NUMBER BREAKDOWN

Approvals:

* Budget Officer (initialize for approval)