

Purchase Order Requisition

Date _____

Please issue a purchase order to _____

Address : _____

For the following items:

GL Account Number	Quantity	Item Number	Destription of Item Size, Color etc. - Attach art if applicable	Estimated Cost

Event & Purpose _____

Date Needed: _____

Requested By: _____

Staff Member/Volunteer

Approved By: _____

Staff Adviser

Approved By: _____

Management