



## Wheaton College Purchase Order Request Form

**Use TAB key to move from field to field.**

Date: \_\_\_\_\_ Requestor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Vendor **Purchasing** Address

Vendor **Remittance** Address *(if different from Purchasing )*



**Storage Location (Building & Room Number):** \_\_\_\_\_

**Notes for Purchasing Office:**

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**Accounting:**

Fund _____	Org _____	Account _____	Activity _____	Amount _____
Fund _____	Org _____	Account _____	Activity _____	Amount _____
Fund _____	Org _____	Account _____	Activity _____	Amount _____

Requestor's Signature: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

*If a quote is available from selected vendor, please indicate "See attached quote" in Detailed Description of Goods field.*

Item/Catalog Number	Detailed Description of Goods	Quantity	Unit Price	Total
<b>Total</b>				

**Please return completed Purchase Order Request Form with appropriate signatures to Business Services.**