

MBOE STUDENT ACTIVITY FUND
PURCHASE ORDER REQUEST FORM

Purchase Order #: _____

DATE REQUESTED _____

ACTIVITY NAME _____

AMOUNT _____

CLASS/ACCOUNT _____

VENDOR NAME: _____

ADDRESS: _____

CITY/ STATE/ ZIP _____

TEL # (if new vendor): _____

BRIEF DESCRIPTION OF ITEMS OR SERVICE TO BE PURCHASED :

SPECIAL INSTRUCTIONS: _____

DIRECTOR'S AUTHORIZATION: _____

IMPORTANT: ORIGINAL SIGNED REQUEST MUST BE RECEIVED BY GRANTS OFFICE BEFORE PO IS ISSUED FOR ANY PURCHASE OVER \$500.

Please remember that a check request must be completed to initiate payment upon receipt of merchandise and invoice from vendor.

Checks will not be processed without back up and the original invoice.