



PURCHASE ORDER REQUISITION

Deliver Material To:

Charge Code _____

Building

Date Processed by Business Office _____

Department

Confirming P.O. # _____

Individual

Delivery Date Wanted

Supplier

DO NOT WRITE IN THIS SPACE

Vendor _____

P.O. Number _____

Confirming: Phone Verbal Mailed Date _____

F.O.B. Shipping Point Jackson Community College

Terms: _____

Quantity	Unit Cost	Total Cost	Description

APPROVAL

DATE: _____

DEPT. HEAD OR SUPERVISOR _____

COMPTROLLER _____

PURCHASING - P.A. _____