

Request for Purchase Order

Prepared by: _____

Date: _____

Department: _____

- Ancillary (college)
- Associated Students
- Cafeteria
- CCCD Enterprise
- Community Education
- Foundation
- Sailing
- IEC @ OCC

Phone: _____ Ext: _____

Vendor Information

Name: _____

Address: _____

City/State/Zip: _____

Attention: _____

Quoted by: _____ Date: _____

Terms	Ship Via
<input type="radio"/> 30 days	<input type="radio"/> Will Call
<input type="radio"/> 15 days	<input type="radio"/> UPS
<input type="radio"/> Other	<input type="radio"/> Other
_____	_____
_____	_____

Vendor Item/Code	Description	Quantity	Unit Price	Total Price
BUDGET NO: _____			Sales Tax	
			Shipping	
			TOTAL	

Any request for services requires an Independent Contractor agreement, Board Approval and a W-9. All these documents and the Purchase Order must have the same vendor name to be valid.

AUTHORIZED SIGNATURE

