

Purchase Order

Vendor Name and Address:

Purchase Order No:

Vendor Code:

Vendor Tel No:

Vendor Fax No:

Fax: _____

Bill to: Administration & Finance
 Massachusetts College of Liberal Arts
 375 Church St.
 North Adams, Ma. 01247-4100
 Tel: 413-662-5529

Ship to: Shipping & Receiving
 Massachusetts College of Liberal Arts
 277 Ashland St.
 North Adams, Ma. 01247-4100
 Tel: 413-662-5562

MCLA Dept.:

Attn.:

Quantity	Description	Unit Cost	Total Cost
Total			

Accounts to be Charged						Authorization and Approvals	
Fund	Dept	Sub Obj	Object	Category	Amount		
						Requester	Date
						Dept. Head/Chair	Date
						President/Vice President (When applicable)	Date
Shipping Notes: 1. A valid Purchase Order No. must appear on all invoices, packages and correspondence. 2. Packages are inspected upon delivery. Rejected packages will be returned at vendor's expense. 3. Shipping & Receiving is open for deliveries Mon. thru Fri. 8 am – 12:00 noon and 1-4 pm by appointment.						Business Office Use Only: _____ Authorizing Signature Date	