



**DON'T KNOW HOW TO FILL OUT A
PURCHASE ORDER FORM?!?**

LET US HELP YOU!

FOLLOW NUMBERED ARROWS



Below arrow #1, provide the Vendor name and Address.
To the left of arrow #2, provide both the Vendor contact number and fax number. ***(The fax number can also be the vendor email)***

Massachusetts College of Liberal Arts
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.:



Fill in the name of the club following the tag of SGA.

EXAMPLE:

SGA/Student Activities Council



Person of contact or person who is in charge of the request.

EXAMPLE:

Amanda Schuler

FOLLOW NUMBERED ARROWS

Quantity	Description	Unit Cost	Total Cost
	<p data-bbox="1108 428 1210 692">2</p> <p data-bbox="930 749 1388 792">Description of request</p> <p data-bbox="726 806 1592 963">EXAMPLE: Pizza, wings, and 4 sodas for Yorick end of the year general meeting 3/27/18.</p>		
Total			

1

Fill in quantity of request

3

Provide the unit cost **if needed**; Provide the total cost of the individual item.

4

Provide the added up total if more than one item listed. **Fill in total amount even if only one item.**

FOLLOW NUMBERED ARROWS



Provide the amount in **total** of the request.

Fill in the name of the **requester** followed by the date of the form being turned in.



Accounts to be Charged					Authorization and Approvals	
Fund	Dept	Sub <u>Obj</u>	Object	Category	Amount	
						Requester _____ Date _____
						Dept. Head/Chair _____ Date _____
						President/Vice President (When <u>applicable</u>) _____ Date _____
Shipping Notes:					<u>Business Office Use Only:</u>	
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 <u>noon</u> and 1-4 pm by appointment.					Authorizing Signature _____ Date _____	

ONCE THE FORM IS COMPLETE AND SIGNED BY THE REQUESTER, PLEASE TURN IN FORM TO AMANDA SCHULER!

MAKE SURE THE VENDOR ACCEPTS PO

Purchase Order

Vendor Name and Address:	PIZZA WORKS	Purchase Order No:	
	315 ASHLAND STREET	Vendor Code:	
	NORTH ADAMS, MA 01247	Vendor Tel No:	413-663-6661
		Vendor Fax No:	

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 North Adams, Ma. 01247-4100
 Tel: 413-662-5562

MCLA Dept:	SGA/ Book Club	Attn.:	John Smith
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Quantity	Description	Unit Cost	Total Cost
	Pizza, wings, and soda for Book Club Meeting on 4/30/18.		\$50.00
	HAND CARRY		
Total			\$50.00

Accounts to be Charged						Authorization and Approvals	
Fund	Dept	Sub Obj	Object	Category	Amount		
					\$50.00	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	

Purchase Order

Vendor Name and Address: **PETER JONES TROPIES**
11 MELVILLE STREET
PITTSFIELD, MA 01201

Purchase Order No: _____
 Vendor Code: _____
 Vendor Tel No: **413-443-2543**
 Vendor Fax No: **413-443-2543** Fax: _____

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MCLA Dept: **SGA/ Latin American Society** Attn.: **Jane Smith**

Quantity	Description	Unit Cost	Total Cost
100	Tshirts for the LAS All Around the World on 4/28/18. 25-S, 25-M, 25-L, 25-XL	\$5.00	\$500.00
	Shipping	\$25.00	\$25.00
Total			\$525.00

Accounts to be Charged						Authorization and Approvals	
Fund	Dept	Sub Obj	Object	Category	Amount	Requester	Date
					\$525.00		
						Dept. Head/Chair	Date
						President/Vice President (When applicable)	Date
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