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

LET US HELP YOU!

FOLLOW NUMBERED ARROWS

EXAMPLE:

SGA/Student Activities Council



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)*

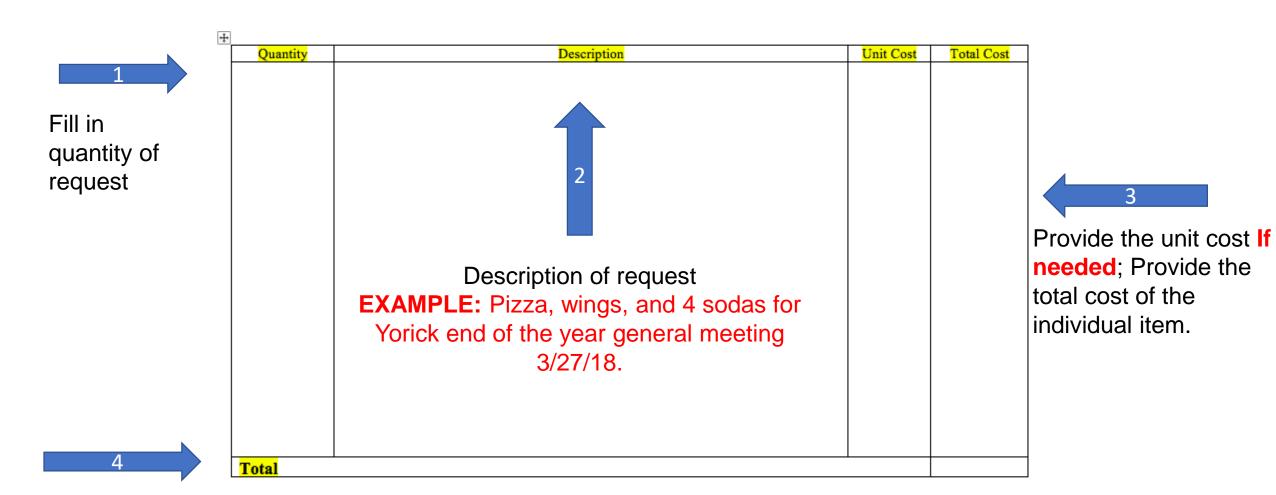
Massachusetts College of Liberal Arts

Purchase Order

i di chase Orde		
Vendor	Purchase Order No:	
Name and	Vendor Code:	
Address:	Vendor Tel No:	2
	Vendor Fax No:	2
Bill to: Administration & Finance	Ship to: Shipping & Receiving	
Massachusetts College of Liberal Arts 375 Church St.	Massachusetts College of Liberal Arts 277 Ashland St.	
North Adams, Ma. 01247-4100 Tel: 413-662-5529	North Adams, Ma. 01247-4100 Tel: 413-662-5562	
MCLA Dept.:	Attn.:	
Fill in the name of the club following the tag of SGA.	Person of contact or per in charge of the request EXAMPLE:	

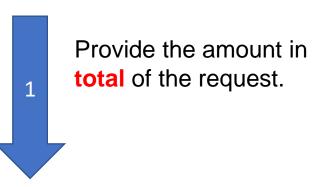
Amanda Schuler

FOLLOW NUMBERED ARROWS



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

FOLLOW NUMBERED ARROWS



Accounts to be Charged Authorization and Approvals

Fund	Dept	Sub	Object	Category	Amount		
		Obi					
						Requester	Date
						D. T. LOL.	
						Dept. Head/Chair	Date
						President/Vice President (When applicable)	Date
Shipping No	tes:						
corres	ondence.			all invoices, pack	_	Designer Office Heat Only	
-	es are inspecte 's expense.	d upon del	livery. Reject	ted packages will	be returned at	Business Office Use Only:	
Shippi	ng & Receiving	g is open fo	or deliveries	Mon. thru Fri. 8	am – 12:00 <u>noon_and</u>		
1-4 pn	by appointmen	nt.				Authorizing Signature	Date

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

*N/ΔKF	SLIRE	THE	VFNI	DOR	ACCEPT	$\Gamma C P \cap *$
IVIAIL	JUNL	IIIL	VLIN	חטט	ACCLFI	JPU

Massachusetts College of Liberal Arts

-					
Pn	MOH	iase		ma	OF
ı u		450	•	'I U	CI

Vendor Name and	PIZZA WORKS	Purchase Order No:		
	315 ASHLAND STREET	Vendor Code:		
Address:	NORTH ADAMS, MA 01247	Vendor Tel No: 413-663-6661		
		Vendor Fax No:		
Bill to: A	Administration & Finance	Ship to: Shipping & Receiving		
Massachusetts College of Liberal Arts		Massachusetts College of Liberal Arts		
3′	75 Church St.	277 Ashland St.		
N	orth Adams, Ma. 01247-4100	North Adams, Ma. 01247-4100		
Tel: 413-662-5529		Tel: 413-662-5562		
MCLA D	SGA/ Book Club	Attn.: John Smith		

Quantity	Description	Unit Cost	Total Cost
	Pizza, wings, and soda for Book Club Meeting on		\$50.00
	4/30/18.		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	HAND CARRY		
otal	1		\$50.00

Accounts to be Charged **Authorization and Approvals** Sub Object Category Fund Amount Obi \$50.00 Date Requester 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

endor	PETER JONES TROPIES	Purchase Order No:	
lame nd	11 MELVILLE STREET	Vendor Code:	
ddress:	PITTSFIELD, MA 01201	Vendor Tel No:	3-2543
		413-443	3-2543
'		Vendor Fax No:	Fax:
ill to: A	Administration & Finance	Ship to: Shipping & Reco	eiving
M	Iassachusetts College of Liberal Arts	Massachusetts C	ollege of Liberal Ar
37	75 Church St.	277 Ashland St.	

375 Church St. North Adams, Ma. 01247-4100 Tel: 413-662-5529

Tel: 413-662-5562 Jane Smith

North Adams, Ma. 01247-4100

SGA/ Latin American Society MCLA Dept Attn.: Quantity Description Unit Cost Total Cost

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

Authorization and Approvals Accounts to be Charged Sub Object Category Fund Dept Amount Obj Requester Date \$525.00 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 **Business Office Use Only:** correspondence. conespondence.

Packages are inspected upon delivery. Rejected packages will be returned at vendor's expense. Shipping & Receiving is open for deliveries Mon. thru Fri. 8 am – 12:00 noon and 1-4 pm by appointment. **Authorizing Signature** Date