

The College of Idaho

PURCHASE ORDER REQUEST

Requested by _____

Department _____

Budget account # _____

(must include all 12 numbers #-####-#####-#)

*Vendor name: _____

*For new vendors, a completed W-9 is required before processing

Check one:

Vendor address: _____

Email to Vendor

Campus mail

Vendor phone: _____ Fax: _____

Fax to vendor

QUANTITY	ITEM DESCRIPTION	UNIT PRICE	TOTAL
SHIPPING CHARGES			
TOTAL			

Purpose: _____

I agree that if the expense report relating to this advance is not submitted to the Business Office within 30 working days after the last day the expense was incurred, I authorize 50% of the advance per month to be deducted from my paycheck. The entire balance will be deducted from my final paycheck if for any reason my employment with the College should be terminated, and an expense report is not submitted

Name, please print _____ ID # _____ Signature _____ Date _____

DEPT HEAD APPROVAL _____

BUSINESS OFFICE USE ONLY

BUDGET APPROVAL _____ PO NUMBER _____