



# Purchase Order

PO #: \_\_\_\_\_

Vendor: \_\_\_\_\_

Date: \_\_\_\_\_

Ministry: \_\_\_\_\_

Event (if applicable) \_\_\_\_\_

**MUST BE TURNED IN BY Noon on Tuesday**

Needed By: \_\_\_\_\_ (no less than 2 weeks in advance)

Proposed Purchase Date	Description	Ministry Account Number (per Quarterly Spending Forecast)	COST
<b>Total Cost</b>			

If you anticipate receiving income to offset the expense listed above, please indicate below:

Anticipated Receipt Date	Source of Income	Comments	Amount
<b>Total Income</b>			
<b>Net Cost</b>			

**By approving this PO, the Department Head certifies that the expenditure falls within the appropriate Quarterly Spending Forecast.**

\*Explanation if account(s) is over budget: \_\_\_\_\_

No purchase can be made until approval is communicated from FOT.

Copies of Signed/Numbered PO must be attached to each corresponding Check Req.

Approved By

\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
FOT Date