WORKING WITH THIS FORM

Click on Icons for Assistance

MERCYHURST COLLEGE

CHECK HERE
IF NEEDED

ASAP

PURCHASE ORDER O CHECK REQUISITION O CREDIT CARD CHARGE FORM

PURCHASE ORDER

PLEASE BE SURE TO SPECIFY THE CATALOG NUMBER, DESCRIPTION (COLOR, SIZE, ETC.), QUANTITY AND UNIT PRICE. A COPY OF THE PURCHASE ORDER WILL BE SENT TO YOU. PLEASE RETURN THIS COPY WHEN THE GOODS ARE RECEIVED.

CHECK REQUISITION

CHECKS ARE ISSUED ON THE <u>LAST</u> BUSINESS DAY OF THE WEEK. CHECKS WILL BE AVAILABLE AT 1:00 pm THAT DAY FOR REQUESTS THAT HAVE BEEN PROPERLY SUBMITTED AND APPROVED BY <u>4:30 pm the PRECEEDING TUESDAY</u>.

CREDIT CARD CHARGE

EVEN THOUGH AN INDIVIDUAL'S **MERCYHURST COLLEGE CREDIT OR PURCHASE CARD** MAY BE USED TO FACILITATE A PURCHASE, THE PURCHASE MUST STILL BE APPROVED BY THE DEPARTMENT'S BUDGET DIRECTOR.

SUBMIT COMPLETED AND APPROVED FORM TO BUSINESS OFFICE IN MAIN 112 Catalog Description of the Coads to be Ordered and (or Services to be Bondered Number of Price per Extended							
Number	Description of the Goods to be Ordered and/or Services to be Rendered	Units	Unit	Cost			
ACCT No>	Unit Type>						
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ACCT No>	Unit Type>						
ACCT No>	Unit Type>						
OTAL PURCH	HASE ORDER / CHECK REQUISITION / CREDIT CARD CHARGE						
	DELIVERY DELIVERY						

RECOMMENDED SUPPLIER INFORMATION					
MUST be completed <u>in full</u> if this is a <u>NEW VENDOR</u> .					
VEND NAME					
ADDRESS 1					
ADDRESS 2					
CITY, ST, ZIP				VENDOR No	
PHONE/FAX	P	F			
TAX ID / SSN		TAX ID	SSN		
GL ACCT # >>	< <please #<="" acct="" enter="" td=""><td>CT#</td><td></td></please>		CT#		

	REQUESTED BY NAME & DEPARTMENT	DATE
).	DEPARTMENTAL or DIVISION CHAIRPERSON	DATE
	OPEN TO VE THUN OF	DATE
	OPERATIONS/FINANCE	DATE