



ATHENS STATE UNIVERSITY

REQUEST FOR PURCHASE ORDER

DATE: _____

REQUESTER INFORMATION Department: _____ Requester Name: _____ Requester Email: _____	VENDOR INFORMATION Vendor ID: _____ Vendor Name: _____ Vendor Address: _____
COMMENTS OR SPECIAL INSTRUCTIONS	ORDER INFORMATION Quote #: _____ Contract #: _____ Bid #: _____

QTY	CATALOG NUMBER & DESCRIPTION	UNIT PRICE	TOTAL
TOTAL:			

ATTACH DOCUMENTS AS NEEDED:	
\$0.01 and over: <i>Quote (if applicable)</i>	Sole Source Vendor: <i>Written Justification</i>
\$5,000.01 and over: <i>Disclosure Statement (Act 2001-955)</i>	New Vendor: <i>Athens State Vendor Form W-9</i>
\$15,000.00 and over: <i>Bid # or Contract #</i>	
** NEVER ATTACH AN INVOICE WITH THE REQUEST FOR PURCHASE ORDER **	

UNIVERSITY POLICY: The President and Vice President of Financial Affairs are vested with the sole authority to issue purchase orders and obligate the university. No individual may place direct orders. The university will assume no obligation except on a previously issued and duly authorized purchase order.

BUSINESS OFFICE USE ONLY
Account Number: _____
Funds Verified: _____
Date: _____
Purchase Order: _____

APPROVALS
Requester: _____ <small style="text-align: right;">Date</small>
Director/ Dean: _____ <small style="text-align: right;">Date</small>
Vice President: _____ <small style="text-align: right;">Date</small>
President: _____ <small style="text-align: right;">Date</small>