

# REQUEST FOR PURCHASE ORDER



**KNOX**  
COLLEGE

**PURCHASING  
DEPARTMENT**  
Box K-147  
Phone: 309-341-7253  
Fax: 309-341-7076

PO# \_\_\_\_\_  
(TO BE ASSIGNED BY PURCHASING DEPT.)

REQUESTOR'S NAME \_\_\_\_\_ ID# \_\_\_\_\_  
DEPT \_\_\_\_\_ CAMPUS BOX \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_

SUGGESTED VENDOR		VENDOR EMAIL			DATE
ADDRESS				CONTACT NAME	
CITY	STATE	ZIP	PHONE	FAX	
TERMS		DATE REQUIRED		SHIP VIA	
QUANTITY	DESCRIPTION	STOCK NUMBER	UNIT PRICE	TOTAL	
COMMENTS				SUBTOTAL	
CONFIRMATION OF ORDER				SHIPPING & HANDLING	
<input type="checkbox"/> EMAIL CONFIRMATION TO VENDOR <input type="checkbox"/> FAX CONFIRMATION <input type="checkbox"/> EMAIL P.O. TO REQUESTOR				TOTAL	

IF ACTUAL PRICE IS NOT AVAILABLE, PLEASE ESTIMATE.

ACCOUNT TO BE CHARGED \_\_\_\_\_

**MY SIGNATURE CONFIRMS I HAVE BUDGET FUNDS AVAILABLE (INCLUDING ENCUMBRANCES) TO COVER THIS PURCHASE.**

\_\_\_\_\_  
APPROVED BY (PRINT)

\_\_\_\_\_  
APPROVED BY (IF OVER \$5,000, VP SIGNATURE REQUIRED)

\_\_\_\_\_  
APPROVER SIGNATURE