PURCHASE FORM Helena College

ORDER STATUS: (Complete all that apply.)   PURCHASE ORDER # _____

ORDER HAS BEEN PLACED   **Y / N**   DATE ORDERED_____   ORDERED BY _____

ORDER HAS BEEN RECEIVED   **Y / N**   DATE RECEIVED_____   RECEIVED BY_____

ORDER WAS PLACED ON PURCHASING CARD   **Y / N**

RECEIPT/INVOICE MUST BE ATTACHED
_____

VENDOR/PAYABLE TO_____   Index Paying _____

Complete Address   _____   Date Submitted _____

                        _____   Submitted By _____

                        _____   Date Item Needed _____

Vendor Phone: _____

Vendor Email**:**   _____

ACCOUNT CODE	INVOICE #	ITEM DESCRIPTION	QTY	UNIT COST	TOTAL
		Shipping and Handling (FOB DESTINATION)			
		ESTIMATED GRAND TOTAL			

Approved By:_____ Date:_____
        Department Chair/Supervisor

Approved By:_____ Date:_____
        Executive Director

Approved By:_____ Date:_____
        Dean

VENDOR REGISTRATION:

Contacted: _____

Invited: _____

Follow Up: _____

RECEIVED BY BUSINESS OFFICE:

Vendor Id:_____

Date:_____   Banner #_____

Input:_____   Approved:_____