

PURCHASE AUTHORIZATION FORM

No. _____

Date _____

Purchasing Department
 Please purchase the following named items:
 INDICATE SOURCE OF SUPPLY IF KNOWN:

	Quantity	Number	Amount	Description of Item
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Purpose or Use:

 Date Needed:

To be filled in by Purchasing Dept.
 Date Ordered _____ P.O. Number _____

For Accounting _____ Dept

Approved _____
 Department Executive

 Sondra Carter - If over \$1,000