

Request for Purchase Order

Prepared by: _____

Department: _____

Phone: _____ Ext: _____

Date: _____

☐ Ancillary (college)☐ Foundation☐ Associated Students☐ IEC @ OCC☐ Cafeteria☐ Sailing☐ CCCD Enterprise☐ Student Housing☐ Co-Curricular

Vendor Information

Name: _____

Address: _____

City/State/Zip: _____

Attention: _____

Quoted by: _____ Date: _____

Terms	Ship Via
☐ 30 days	☐ Will Call
☐ 15 days	☐ UPS
☐ Other	☐ Other
_____	_____
_____	_____

Vendor Item/Code	Description	Quantity	Unit Price	Total Price
BUDGET NO:			Sales Tax	
			Shipping	
			TOTAL	

Any request for services requires an Independent Contractor agreement, Board Approval and a W-9. All these documents and the Purchase Order must have the same vendor name to be valid.

 AUTHORIZED SIGNATURE