

REQUEST FOR PURCHASE ORDER

LA SALLE CATHOLIC COLLEGE PREP
11999 SE Fuller Rd., Milwaukie, OR 97222-1291

Requestor: _____ Date: _____ Account# _____

Department: _____ Vendor: _____

QTY	DESCRIPTION	UNIT PRICE	TOTAL
TOTAL ORDERED:			

_____ Date Order Needed

_____ Requesting Department Head Authorization

DISPOSITION OF PURCHASE ORDER: (Please Check One)

_____ **Business Office** - Phone/FAX /Email Vendor with order
 PHONE/FAX Number: _____ Email: _____

_____ **Business Office** - Purchase with School Credit Card

_____ **Prepare PO - I WILL PLACE THIS ORDER**
 _____ *I wish to check out a school credit card*

Notes: _____
