DON’T KNOW HOW TO FILL OUT A PURCHASE ORDER FORM?!?

LET US HELP YOU!
**Fill in the name of the club following the tag of SGA.**

**EXAMPLE:**
SGA/Student Activities Council
1 Fill in quantity of request

2 Description of request

**EXAMPLE:** Pizza, wings, and 4 sodas for Yorick end of the year general meeting 3/27/18.

3 Provide the unit cost *if needed*; Provide the total cost of the individual item.

4 Provide the added up total if more than one item listed. **Fill in total amount even if only one item.**
FOLLOW NUMBERED ARROWS

1. Provide the amount in **total** of the request.

2. Fill in the name of the **requester** followed by the date of the form being turned in.

ONCE THE FORM IS COMPLETE AND SIGNED BY THE REQUESTER, PLEASE TURN IN FORM TO AMANDA SCHULER!
**MAKE SURE THE VENDOR ACCEPTS PO**

<table>
<thead>
<tr>
<th>Vendor Name and Address</th>
<th>Purchase Order</th>
<th>Vendor Code:</th>
<th>Vendor Tel No:</th>
<th>Vendor Fax No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIZZA WORKS</td>
<td></td>
<td>413-663-6661</td>
<td></td>
<td></td>
</tr>
<tr>
<td>315 ASHLAND STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTH ADAMS, MA 01247</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Bill to:** Administration & Finance  
Massachusetts College of Liberal Arts  
375 Church St.  
North Adams, Ma. 01247-4100  
Tel: 413-662-5529

**Ship to:** Shipping & Receiving  
Massachusetts College of Liberal Arts  
277 Ashland St.  
North Adams, Ma. 01247-4100  
Tel: 413-662-5562

**MCLA Dept:** SGA/ Book Club  
Attn: John Smith

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pizza, wings, and soda for Book Club Meeting on 4/30/18.</td>
<td></td>
<td>$50.00</td>
</tr>
</tbody>
</table>

**HAND CARRY**

**Total Accounts to be Charged:** $50.00

**Authorization and Approvals**

<table>
<thead>
<tr>
<th>Fund</th>
<th>Dept</th>
<th>Sub</th>
<th>Obj</th>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$50.00</td>
</tr>
</tbody>
</table>

Requestor:  
Date:  
Dept:  
S/A:  
Amount: $50.00

President/VP President (When applicable):  
Date:  
Business Office Use Only:  
Authorizing Signature:  
Date:  

**Shipping Notes:**  
1. A valid Purchase Order No. must appear on all invoices, packages and correspondence.  
2. Packages are inspected upon delivery. Rejected packages will be returned at vendor’s expense.  
3. Shipping & Receiving is open for deliveries Mon. thru Fri. 8 am – 12:00 noon and 1-4 pm by appointment.
Massachusetts College of Liberal Arts

Purchase Order

Vendor Name and Address:
PETER JONES TROPIES
11 MELVILLE STREET
PITTSFIELD, MA 01201

Purchase Order No: ____________________________

Vendor Code: 413-443-2543

Vendor Tel No: 413-443-2543

Vendor Fax No: ____________________________

Bill to: Administration & Finance
Massachusetts College of Liberal Arts
375 Church St.
North Adams, Ma. 01247-4100
Tel: 413-662-5529

Ship to: Shipping & Receiving
Massachusetts College of Liberal Arts
277 Ashland St.
North Adams, Ma. 01247-4100
Tel: 413-662-5562

MCLA Dept: SGA/ Latin American Society

Attn.: Jane Smith

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>T-shirts for the LAS All Around the World on 4/28/18. 25-S, 25-M, 25-L, 25-XL.</td>
<td>$5.00</td>
<td>$500.00</td>
</tr>
<tr>
<td></td>
<td>Shipping</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

Total: $525.00

Accounts to be Charged

Authorization and Approvals

<table>
<thead>
<tr>
<th>Fund</th>
<th>Dept</th>
<th>Sub Obj</th>
<th>Object</th>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$525.00</td>
</tr>
</tbody>
</table>

Requestor: ____________________________ Date: ____________________________

Dept Head/Chair: ____________________________ Date: ____________________________

President/VP President (When applicable): ____________________________ Date: ____________________________

Business Office Use Only:

Authorizing Signature: ____________________________ Date: ____________________________

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