

# PURCHASE ORDER FORM

Date: \_\_\_\_\_ Requesting Coalition: \_\_\_\_\_

## Requester (Your) Contact Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organization: \_\_\_\_\_

## Delivery Information

Name of Receiving Facility/Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Point of Contact Name: \_\_\_\_\_

Facility Point of Contact Phone Number: \_\_\_\_\_

## Purchase Description

	Quantity	Item Description	Vendor	Item Number	Budgeted Amount	Budget Line Item Assigned
1.						
2.						
3.						
4.						

Additional lines needed?:  Yes  No (If yes, please also submit additional items sheet.)

If actual cost is less than budgeted amount, would you like to:  Spend all budgeted amount  Buy additional # of units: \_\_\_\_



**PLEASE SUBMIT QUOTE OR PROVIDE URL/IMAGE OF REQUESTED ITEM(S)**

Comments: \_\_\_\_\_

Coalition Facilitator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Coalition Executive Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SUBMIT COMPLETED FORM TO COALITION SUPPORT (coalitionsupport@uga.edu)**

UGA Use Only | Received: \_\_\_\_\_ | Ordered: \_\_\_\_\_ | PO#: \_\_\_\_\_ | All Items Received?: \_\_\_\_\_

# PURCHASE ORDER FORM | ADDITIONAL ITEMS

	Quantity	Item Description	Vendor	Item Number	Budgeted Amount	Budget Line Item Assigned
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

**PLEASE SUBMIT QUOTE OR PROVIDE URL/IMAGE OF REQUESTED ITEM(S)**

Comments:

Coalition Facilitator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Coalition Executive Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SUBMIT COMPLETED FORM TO COALITION SUPPORT ([coalitionsupport@uga.edu](mailto:coalitionsupport@uga.edu))**

**UGA Use Only** | Received: \_\_\_\_\_ | Ordered: \_\_\_\_\_ | PO#: \_\_\_\_\_ | All Items Received?: \_\_\_\_\_