

CHARMS Collaborative

**PURCHASE ORDER REQUISITION**

**DELIVER TO:**

	DATE ORDER PLACED:	
	PURCHASE ORDER NO.	
	CONTROL ACCOUNT:	

**SUPPLIER:**


*Please be specific:*

- To be ordered by Central Office
- To be ordered by site (upon receipt of Purchase Order)
- Already Ordered  
Date: \_\_\_\_\_
- Please hold check for pickup

QTY.	UNIT	ITEM	PRICE/EA	TOTAL
			<b>TOTAL</b>	

\_\_\_\_\_  
Requestor / Date

\_\_\_\_\_  
Supervisor / Date

\_\_\_\_\_  
Finance Manager / Date

\_\_\_\_\_  
Executive Director Approval /Date