

Department: _____

Division: _____

Address: _____

Contact Person: _____

Email: _____

Departmental Expense Purchase Order

Purchase Order Details

PO Number: _____ Date: _____

Vendor Name: _____ Vendor Contact: _____

Vendor Address: _____

Items/Services Requested

Description	Qty	Unit Price	Total

Subtotal _____

Tax _____

Total Amount _____

Delivery Instructions

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Requested by

Name: _____

Signature: _____

Date: _____

Authorized by

Name: _____

Signature: _____

Date: _____

Important Notes:

- This form must be completed and approved before any purchase is made.
- All supporting documents (invoices, quotes) should be attached to this order.
- Ensure all department and vendor details are correct to avoid processing delays.
- Keep a copy for departmental records and submit original to the finance office.