



# Morthland College

## Purchase Order/Reimbursement Form

<b>For Office Use Only:</b>	
<input type="checkbox"/>	Required Items completed
<input type="checkbox"/>	Signature of Supervisor
<input type="checkbox"/>	Funds Available _____
<input type="checkbox"/>	BC Approved _____
<input type="checkbox"/>	Permissions Given _____
<input type="checkbox"/>	Item Purchased _____
<input type="checkbox"/>	Funds Reimbursed _____
Date: ___ / ___ / 20__	

Vendor/Place of Purchase: \_\_\_\_\_

Person Requesting: \_\_\_\_\_

Today's Date: \_\_\_ / \_\_\_ / 20\_\_ Date Needed: \_\_\_ / \_\_\_ / 20\_\_

Purpose: \_\_\_\_\_

Department to be charged: \_\_\_\_\_

Description	Unit Price	Quantity	Line Total
		Subtotal:	
		Sales Tax:	
		<b>Total:</b>	

**Select One:**

If approved, I will order the item and request that an invoice be sent to the College.

If approved, I am asking that the College purchase the item(s):  
 Who will be responsible for purchasing: \_\_\_\_\_  
 Signature of person accepting responsibility to purchase: \_\_\_\_\_

If approved, I will personally purchase the item(s) but will need to be reimbursed.

I have already purchased the items and, if approved, I am asking for a reimbursement.

\_\_\_\_\_  
Signature of Person Requesting

\_\_\_\_\_  
Signature of Supervisor  
(other than Person Requesting)