## PURCHASE ORDER REQUISITION [SHOPPING CART] Date \_\_\_\_\_ Requestor Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_ Screen 1 of **Shopping Cart** Account Assignment Type (choose one and add identifier) Cost Center Project Recipient (If different) Ship to Location Union □ Bucknall □ Blackford □ Saratoga Screen 2 of **Shopping Cart** Material **Product Category** Product Description Supplier **Delivery Date** Qty. Unit Price Quantity X Payment: Next Puchaser Screen 3 of Supplier Shopping Cart (from list) Item # (X/X/XX)Per Unit Per Unit (Invoice) Year? Note Note Service (No Invoice) (Y/N) (Issue Check) (S) Invoice Yes No Invoice No Issue Check Invoice Yes No Invoice No Issue Check Invoice Yes No Invoice Issue Check No Preferred Supplier Name\_\_\_\_\_ Supplier Address \_\_\_\_\_ Service Date \_\_\_\_\_ Sales Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_Sales Contact Name \_\_\_\_\_ **OFFICE USE ONLY (For online Purchase Order generator)** P.O. Number P.O. Date Purchaser Name OofC: 9/9/16 (RM)