

BLANKET PURCHASE ORDER

Procedure 902.1 – Supplement 1

SUPPLY PICK UP AUTHORIZATION

Vendor: _____ Blanket P.O. No. _____
 _____ Account No. _____
 _____ Departmental Approval _____

Quantity	Description of Supplies	Unit Cost	Total
• _____	• _____	• _____	• _____
• _____	• _____	• _____	• _____
• _____	• _____	• _____	• _____
• _____	• _____	• _____	• _____
• _____	• _____	• _____	• _____
• _____	• _____	• _____	• _____
• _____	• _____	• _____	• _____
• _____	• _____	• _____	• _____

Supplies pick up by: _____ Date: _____
 WHITE-Accounts Payable YELLOW-Vendor PINK-Originator