



KEWEENAW BAY OJIBWA COMMUNITY COLLEGE

REQUEST FOR THE PURCHASE OF GOODS OR SERVICES

<b>PURCHASE ORDER</b> <i>(optional)</i>	<b>Estimated Cost</b> <i>(required)</i>	<b>Actual Cost</b> <i>(to be completed after purchase)</i>
<input type="checkbox"/> Required		
<input type="checkbox"/> Not Required		

Payee _____  Description _____  _____  _____  _____	<b>SPECIAL INSTRUCTIONS</b>  <input type="checkbox"/> Send Check With Order  <input type="checkbox"/> Invoice/Receipt Attached  _____  _____  _____
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Grant/IPED _____	Line Item Category _____
Requested by _____	Approved by _____
Date _____	Date _____

For Accounting Department Use Only

Payee _____	Amount Due \$ _____
Vendor No. _____	
P.O. No. _____	Check Due Date _____
Invoice No. _____	

Fund	G/L Account	Debit	Credit	DESCRIPTION

Prepared By _____	Approved By _____
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