

**Purchase Order No.
FINANCIAL SVS. ONLY**
PROCUREMENT PLANNING

REQUESTED BY:

 Name: _____ Dept: _____ Date: _____ Needed by (*not ASAP*) _____

Purpose/Justification: _____

Vendor Information:

Vendor Name: _____ wvOASIS Vendor #: _____

Vendor Address: _____

Vendor Phone #: _____ Vendor FAX Number: _____

Item Information:

Qty	Item/Part Number	Description	Unit Price	EXT TOTAL
Total:				

For additional items, Use Continuation Sheet
Procurement Use Only:
Vendor : SWC? Yes: Contract #: _____ No: VCUST Check?: Pur. Fee Paid?: Yes No Agg Spend Check?: Agency: \$ _____
 Statewide: \$ _____ Exempt? 0433 _____ Sect of State Check?: _____ Comments: _____

Payment Type **Vendor** **wvOASIS Order Coding:**
 P-Card Check _____ APO ADO AMA
wvOASIS ACCOUNT CODING:

 Fund: _____ Sub Fund: 0000 Department: 0433 Unit: _____ Appr Unit: _____ Object: _____ Sub Object: _____

Detail Activity: _____

Approvals:
Directors/Division Approval: _____ *Printed Name (Stamp):* _____

Procurement Approval: _____ *Printed Name (Stamp):* _____

Date Ordered: _____ **Date Received:** _____