TEXAS CHRISTIAN UNIVERSITY
DEPARTMENTAL PURCHASE ORDER REQUEST

Please choose one:

Need PO# only

Vendor _____

Vendor Tax ID#: _____

Date: _____

Ship To: _____

Bill To: _____

Department placing order must complete all areas for Purchase Order to be issued. After receiving all applicable departmental/school/college approvals, submit the completed form via email to PORequests@tcu.edu

Dept. Name	Bldg. & Room #	TCU Box	Contact Person	Extension

Quantity	Description & specifications (include shipping instructions)	Unit Cost	Price Extension

Purchase Order # _____

Total Cost $0.00

	Account	Fund	Dept	Project
Authorized Codes				

Approver (Printed Name)	Date

Approver (Printed Name)	Date

Approver Signature

Approver Signature

Rev 2/13/17 PO