



UNIVERSITY OF GEORGIA FOUNDATION

PURCHASE ORDER

PO#

Date
Account Name
Account Number

Vendor
UGAF Vendor Number
Address

Quantity	Description	Unit Price	Amount

Submit Purchase Order along with three bids or justification for single souceto: UGAF Expenditure Control. One Press Place. askfsap@uga.edu.

- * A Tax Identification Number (SSN/EIN) is required for all payments.
- * Vendor must reference Purchase Order Number on invoice.
- * The UGA Foundation is not exempt from state sales tax. Applicable sales tax must be includedherein and shown on invoice.

I affirm that the purchase requested above is a proper charge to the indicated Foundation accountaccording to the terms of the governing fund agreement and follows the purchasing proceduresof the Foundation.

Requestor Approval Signature _____ Date _____

V.P./Dean Approval Signature _____ Date _____

UGA Foundation Approval Signature _____ Date _____

Subtotal

Shipping/Handling

Sales Tax
(verify tax and adjust if needed)

Total

REQUESTED BY:
Name

Campus Address

Phone #

Email

DELIVER TO:

Name

Campus Address