

OAKLAND UNIVERSITY WILLIAM BEAUMONT

PURCHASE AUTHORIZATION FORM

Date:	Fund:		Account:	P Card Log / S	P Card Log / SOP / PO #	
Requested By:	1		Purpose:			
Vendor:			·			
Item #	Qty. D		escription	Unit Price	Total Price	
			·			
				S & H	S & H	
				Total	Total	
Supervisor Authorization:				Date:	Date:	
Budget Authorization:				Date:		
Ordered By:			Order Date:	Received Date	Received Date:	