



WAUKEGAN PUBLIC LIBRARY
PURCHASE ORDER FORM

PO NUMBER _____
CUST NUMBER _____
ORDER NUMBER _____

Requested by _____ Date _____
Program Name _____
Grant Name (if applicable) _____

Vendor Information
Name _____
Address _____

Contact Name _____
Phone Number _____
Email _____

| Quantity | Item Number | Description | Unit Price | Total | AC # |
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| Shipping | | | | | |
| TOTAL | | | | | |

Approval
Department Manager _____
Supervisor _____
Finance Manager _____
Executive Director (>\$500) _____

Payment Method (Please circle)
Check Purchase MC
Credit Card
W9 on File ☐
W9 Attached ☐

This order is subject to the following conditions and instructions:
1. No claims allowed unless supported by purchase order.
2. We reserve the right to cancel this order and reject goods if not delivered when required and in accordance with specifications.
3. Our order number must appear on all invoices, packages, and packing slips. Separate invoices must be rendered for each order.
4. The conditions of this order are not to be modified by any verbal understanding.
5. Purchaser is a public library, a component unit of the City of Waukegan, Illinois, and a tax-exempt organization.