

## WAUKEGAN PUBLIC LIBRARY PURCHASE ORDER FORM

PO NUMBER						
CUST NUMBER			_			
ORDER NUMBEI	- <u> </u>		_			
Requested by Program Name			_	Date		
			_			
Grant Name (if a	pplicable)		_			
Vendor Informa	tion					
Name			_			
Address			_			
	_		_			
Contact Name			_			
Phone Number			_			
Email			_			
Quantity	Item Number	Description	Unit Price	Total	AC#	
			Shipping			
			TOTAL			
Approval			Pay	ment Metho	d (Please circle)	
Department Manager				ck	Purchase MC	
Supervisor				dit Card		
Finance Manager				W9 on File		
Executive Director (>\$500)				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.