**Purchase Order Requisition Form**

● Ensure that the completed form is accompanied with a quote/order/invoice from the supplier, including any VAT that needs to be paid. ● The invoice must be addressed to “City, University of London Students’ Union” ● The Union operates a 30 day payment term. ● If a supplier was not used before, ensure to attach a **New Supplier set up** form or the PO will not be processed.

**Information about you:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student Group Name (if applicable): | |  | | |
| Your Name: |  | | Contact Tel: |  |
| Your Email: |  | | | |

**Information about the current supplier:**

|  |  |  |  |
| --- | --- | --- | --- |
| Supplier Company Name: |  | | |
| Contact Name: |  | Contact Tel: |  |
| Contact Email: |  | | |

**Order information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **STAFF ONLY TO COMPLETE** | | | | | | | | |
| Description of expenditure: | Quantity | Cost each (£) | Total (£) | Dept. Code | | | Nominal Code | | | | 20% VAT  (✓) | |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Add more lines if necessary | | Total |  |  | | | | | | | | |

**Budget holder to complete**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Sign to confirm it has been approved | |  | |

**For Finance Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Purchase Order No.: |  | Payment Amount: |  |
| Received By: |  | Payment Date: |  |