

Employee Purchase Order Request Form

Employee Name: _____

Employee ID: _____

Department: _____

Supervisor Name: _____

Date of Request: _____

Purchase Information

Item No.	Description	Reason for Purchase	Estimated Cost (\$)

Office Supplies IT Equipment Furniture Miscellaneous

Training Materials Maintenance Supplies Other: _____

Justification for Purchase

- Why is this item necessary? _____
- Who will use it? _____
- Expected impact on work efficiency: _____

Approval & Budget Confirmation

- Supervisor's Signature: _____
- Department Budget Approval: Approved Denied
- Finance Team Verification: _____
- Date of Final Approval: _____