



ALCORN STATE UNIVERSITY FOUNDATION INC.

1000 ASU DRIVE 810, LORMAN, MS 39096 | 601.877.6693 | FAX - 601.877.6345

PURCHASE ORDER

Date _____

P.O. #F _____

Part A

Vendor/Individual - Payable to:

Check No. _____

Name _____

Account Name _____

ID# _____

If payment to student/employee

Account No. _____

Amount \$ _____

Address _____

Ship To:

Attn:

City State Zip

Alcorn State University Foundation, Inc.
1000 ASU Drive, Central Receiving
Lorman, MS 39096-7500

Telephone _____

Tax exempt from Federal Excise & State Sales Tax
EIN# 64-0538018

Purpose of Request check and continue on back if necessary (Include brief but detailed summary of request.)

Description	Qty.	Unit Price	Extended Price
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

check and continue on back if necessary

Total Amount _____

ALCORN STATE UNIVERSITY FOUNDATION INC.

Purchase Order Request - Continued

Requested By _____
Name Signature Date

Approved _____
Dean/Director Signature Date

Approved _____
Vice President (when necessary) Signature Date

Funds Available _____
Finance & Accounting Manager
ASU Foundation, Inc. Signature Date

Funds Available _____
Vice President for Institutional Advancement
Executive Director, ASU Foundation, Inc. Signature Date

Approved _____
President Signature Date

Purpose of Request (continued)
Description (continued)

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