

Bard College Student Association Purchase Order

Vendor No. (office use only): _____

Date: _____

Check payable to: _____

Club: _____

Address: _____

Code: _____

City, state, zip code: _____

SSN (for payment of service): _____

Mail check to (if different from above): _____

Cell phone and email of person making request: _____

Budget Line	Description of purchase	Quantity	Unit Price	Amount
			Total	

OFFICE USE ONLY
P.O. Approval: _____
P.O. Number: _____

Club Head/Member: (print) _____

(sign) _____

Student Association Treasurer: _____

Student Activities: _____