CONGREGATION BETH EMETH

FOOD SERVICE PURCHASE ORDER

Department/Committee: _____

Purchase Request by: _____ **Submit/Order Date:** ____/____/____

Event/Purpose: _____ **Date (if Event):** ____/____/____

Order Needed by: _____

Is this item budgeted? Yes _____ No _____ If No, Explain: _____

Does the cost of this item exceed budget? Yes _____ No _____
If Yes, Explain: _____

FS OFFICE USE ONLY

ITEM #	**DESCRIPTION**	**QUANTITY**	UNIT PRICE	TOTAL	VENDOR	REC'D
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐

**Must Complete these columns for order to be processed

ESTIMATED/ACTUAL TOTAL COST: _____

Estimated Price Quote*

☐ Please provide estimated price quote to _____ prior to departmental approval.
Price quote provided by _____, on _____/_____/_____.

****Price quote subject to change.***

Purchase Order Comments

ORDER MUST BE SUBMITTED TWO WEEKS PRIOR TO EVENT. IF A PRICE QUOTE IS REQUESTED, PLEASE SUBMIT ORDER THREE WEEKS PRIOR TO EVENT. PLACE ORDER IN JUDI CLOUTIER'S BOX LOCATED IN THE MAIN OFFICE...OR FAX ORDER TO THE SYNAGOGUE AT 703-860-5647, WITH ATTENTION JUDI.

PURCHASE APPROVED BY:

NAME: _____

SIGNATURE: _____

DATE AUTHORIZED: _____/_____/_____

BUDGET LINE ITEM/ACCOUNT#: _____

Food Service Office Use Only

☐ Price Quote request received on ____/____/____
☐ Price Quote returned on ____/____/____

☐ Received Purchase Order on ____/____/____
☐ Order Placed on ____/____/____
☐ For Delivery on ____/____/____