

# Request for Annual Purchase Order

**Vendor:** \_\_\_\_\_

**Total Amount:**  
*(12 x monthly average amount +10%)* \_\_\_\_\_

**Period of Service:** \_\_\_\_\_

**Department Code:** \_\_\_\_\_ **FAU:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**ContactPhoneNumber:** \_\_\_\_\_

**Description of services/ goods:** \_\_\_\_\_

**Business Purpose:** \_\_\_\_\_

**Attached Documentation:** \_\_\_\_\_

**Vendor Account Number (if applicable):** \_\_\_\_\_

**Name of Authorized Approver:** \_\_\_\_\_

**Signature of Authorized Approver:** \_\_\_\_\_

**Date:** \_\_\_\_\_