

Organization Name: Oberlin Old Persons Society

OBERLIN

Oberlin College
Controller's Office
Oberlin, OH 44074

Request For Payment To:

(please print/ type clearly)

Date 9/11/08

Name Jill Student

Street 1 _____

Street 2 OCMR 1234

City _____ State _____ ZIP _____

T Number or SSN T01234567
(required)

Special Requirements

- Send to payee
- Send to payee with enclosure(s)
- Send to person approving this request
- Send to _____
- Will pick up at Controller's Office
- Transfer to _____

Honorarium/Officials/Contractors

Please list home address if different from above:

Street 1 _____

Street 2 _____

City _____ State _____ ZIP _____

SSN or ITIN number _____
(required)

For Controller's Office use only

- Computations
- Cash Discount
- Dept. Approval
- Acct. Charge
- Inv. Date
- P.O. Ref

Approved for Payment
Controller's Office (Initials) _____

US Citizen/Green Card Holder* Y__ N__ (required for honorarium)

* If not a US Citizen or green card holder, income tax withholding and/or IRS form 8233 may be required. Contact the Office of Payroll and Benefits for information/assistance.

Purpose of Payment	Fund Code <small>(10010 unless not drawn from current Operating Fund)</small>	Organization Code <small>(4 or 6 digits)</small>	Account Code <small>(4 digits)</small>	Program Code <small>(2 digits)</small>	Amount	
Food for general interest meeting for Oberlin Old Persons Society (OOPS)	90000	1234	5678	99	22	23
Gas for trip to Geriatric's Convention in Cleveland, OH (35 miles)	90000	1234	5677	99	135	43

Approval Signatures

Advisor: Your Advisor Ext. #: _____
 Organization Treasurer: Your Name Ext. #: _____
 SFC Treasurer: _____ Ext. #: _____
 Administrative Approval: _____ Ext. #: _____

Total Amount

\$ 157 65

NOTE: Incomplete Payment Request forms will not be processed and will be returned to you for completion.

OBERLIN COLLEGE
REQUISITION FOR PURCHASE

Date 9/ 11/08

For OC Internal Use Only **THIS IS NOT A PURCHASE ORDER**

Purchasing Use Only:
P.O. DATE _____
P.O. # _____

SUGGESTED VENDOR		REQUISITIONER Joe Oberlin
NAME Hearing Aids R Us	ADDRESS 123 Money Ln	DEPARTMENT Oberlin Old Persons Society
	Oberlin, OH 44074	TELEPHONE EXT.
TELEPHONE # (123) 456-7890	FAX #	CAMPUS LOCATION

NOTES: Attach <u>ALL</u> Copies of any Quotes received by the Department. **Incomplete Requisition forms will not be processed and will be returned to you for completion.	SHIP TO:	DEPARTMENT: Oberlin Old Persons Society
		ADDRESS: OCMR 1234 135 W. Lorain Street, Oberlin OH 44074 ATTENTION: Joe Oberlin

Ordered for Department of:

TERMS	F.O.B.	FRT TERMS	QUOTE REF.	QUOTE DATE	DATE REQUIRED: (ASAP <u>NOT</u> Applicable)
					9/25/08

ITEM	QUANTITY	UNIT/M	Vendor Part No.	FULL DESCRIPTION OF PURCHASED ITEMS	UNIT PRICE	TOTAL AMOUNT
	3	dzn	98765	Hearing Aids for meetings	150.00	450.00
	4	bx	54321	Hearing Aid Batteries	60.00	240.00

Unit of Measure: QT-Quart OZ-Ounce LB-Pound RM-Ream EA-Each BX-Box FT-Feet ST-Set TOTAL **690.00**

Check <u>One</u> from each of the following lists:	Reason for Vendor Suggested: <input checked="" type="checkbox"/> Best Price <input type="checkbox"/> Best Delivery <input type="checkbox"/> Previous Supplier <input type="checkbox"/> Only Known Source	Delivery Date Indicated is: <input type="checkbox"/> Essential - Cancel Order if material can <i>NOT</i> be delivered by this date. <input checked="" type="checkbox"/> Desired Date	Source of Prices: <input checked="" type="checkbox"/> Quote Attached <input type="checkbox"/> Phone Quote <input type="checkbox"/> Catalog <input type="checkbox"/> Last Order <input type="checkbox"/> Other
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FOAPAL ACCOUNT (Required)

FUND # 9 0 0 0 0 (5 DIGITS)

ORGN # 1 2 3 4 (4 DIGITS)

ACCOUNT # 5 6 7 9 (4 DIGITS)

PROGRAM # 9 9 (2 DIGITS)

Index # (if available) _____ (4/5 DIGITS)

APPROVAL SIGNATURES

Advisor: *Your Advisor*

Organization Treasurer: *Your Name*

SFC Treasurer:

Administrative Approval:

PURCHASING:

Special Instructions:

Oberlin College Local Vendor Invoice/ Departmental Purchase Order

For controllers office only

This form is a multipurpose form for Oberlin College and local vendor use only. It can authorize a purchase when the local vendor invoices the College or if the vendor does not have a formal billing/invoice system. Instructions for filling out this form are printed on the opposite side of this sheet.

LV: **31139**

PLEASE NOTE: The above number must appear on all documentation related to this invoice/PO.

Date: 9 / 11 / 08

Vendor Information

Vendor name Gibson's

Vendor address 20 West College Street
Street

Oberlin OH 44074
City State ZIP

Vendor should verify that the receiver is an Oberlin College Agent by checking the Agent's name and signature shown hereon with that on their Oberlin College Identification Card.

FOR VENDOR USE ONLY

Check this box if this form is to be used as your invoice.
I certify that the merchandise/services has been delivered.

Vendor signature _____ Date _____

Comments & Notes

Department/Organization (please print)

(to be completed by Oberlin College Department/Organization)

Requestor's name Joberlin

Requestor's Signature Joberlin

Requestor's College ID T 01234567

Campus phone number (123) 456-7890

Please mail invoice to: OBERLIN COLLEGE

Department/Organization Oberlin Old Persons Society

Street Address/Campus Building OCMR 1234, 135 W. Lorain St.
OBERLIN, OH 44074

FOAPAL ACCOUNT (Required)	
FUND #	<u>9 0 0 0 0</u> (5 DIGITS)
ORGN #	<u>1 2 3 4</u> (4/5 DIGITS)
ACCOUNT #	<u>5 6 7 8</u> (4 DIGITS)
PROGRAM #	<u>9 9</u> (2 DIGITS)

SFC ORGANIZATION SECTION - Approval Signatures

Advisor: Your Advisor Ext. #: _____
Organization Treasurer: Your Name Ext. #: _____
SFC Treasurer: _____ Ext. #: _____

Administrative Approval: _____ Ext. #: _____

Total amount of this invoice may not exceed \$250.00 • Oberlin College is Tax Exempt. Sales Tax No. 4705642.

VENDOR PLEASE NOTE: If this product being purchased is fire or safety related it must meet federal, state, local, and insurance requirements.

Quantity	Item Description	Unit Price	Total
30	Apple Fritters for General Interest Meeting	1.00	30.00
Invoice Total			30.00

Distribution of this Form: White: Controllers Yellow: Department Pink: Vendor Gold: Customer at time of Purchase