



COLLEGE OF MEDICINE AND PUBLIC HEALTH

PURCHASE ORDER REQUEST FORM

(Tab between cells to enter data)

Forms to be forwarded to - cmph.finance@flinders.edu.au

To be filled out by
Finance office Only
PO Number:

IMPORTANT - DO YOU NEED TO CONSULT WITH BME BEFORE PROCEEDING WITH THIS ORDER?

Supplier Name:

ABN:

Supplier Address:

Suburb:

State:

Postcode:

Supplier Quote Number:

Supplier Contact Name:

Supplier Email Address:

Supplier Phone Number:

Delivery Address:
(Ship to)

Invoice Address:
(Send to)

Suburb:

State:

Postcode:

Email PO to Supplier & cc me in- OR Email PO to me to send to Supplier -

If the item/s you are ordering is a hazardous substance or a plant ensure the appropriate Risk Assessment and Safe Operating Procedure (SOP) have been completed for it's use. [WHS risk management](#)

I acknowledge my responsibilities associated with Risk Assessment and SOPs.

Name:

Signature:

CMPH STAFF NOTE:

YES (please tick if applicable) - This order is for **equipment** for a lab or clinic and is over \$1000.00
An APR form is required and can be accessed *from cmph.finance@flinders.edu.au*
(The exceptions being Remote and Rural areas)

Have you got your quotes?

- < \$5,000 One written quote / can be an email if goods and prices are clearly stated.**
- \$5,000 to < \$10,000 Two written quotes / can be emails if goods and price are clearly stated.**
- \$10,000 to < \$15,000 Two written quotes**
- > \$100,000 Tender or RFP unless otherwise exempted by Procurement**

Item No.	Total cost less GST	Entity	Cost Centre	Project	Natural Account
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Date:

Requester's Name:

Ph. Number:

Supervisor's Name:

Supervisor's Signature: