COLLEGE OF MEDICINE AND PUBLIC HEALTH
PURCHASE ORDER REQUEST FORM

Flinders University

THIS IS A FLINDERS INTERNAL FORM ONLY - DO NOT SEND TO AN EXTERNAL SUPPLIER

(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: **All invoices automatically requested to be sent to invoices@flinders.edu.au**

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 (excludes Remote & Rural areas)***

Quotes required for amount being ordered

< $7,500 One written quote/email if goods and prices are clearly stated.
$ 7,500 to < $25,000 Two unrelated supplier written quotes/emails if goods and price are clearly stated
$25,000 to < $100,000 Three unrelated suppler written quotes
> $100,000 Strategy developed with Procurement & approved by the Associate Director Procurement Services or Strategic Procurement Committee

Item No or Description	Total cost less GST	Entity	Cost Ctr	Project	Natural Account
					Please choose from list
					Please choose from list
					Please choose from list

(Extra lines if requiring total amount to be split between different projects)

$ 0.00

☐ Please tick if PO amount is different from Quote.eg Partial Order

Date: **Requester's Name:** **Full Phone Number:**

Supervisor's Name: **Supervisor's Signature:**