



**Departmental Order for Purchases/Payments or
Revenue Refunds**

NUMBER:

DATE PURCHASED:	CONTRACT NUMBER:
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TRANSACTION INFORMATION

AUTHORIZED PAYMENT CATEGORY→ (This is a required field)	FORM SENT TO VENDOR	Yes	<input type="checkbox"/>
	PRE-PAYMENT	Yes	<input type="checkbox"/>

DEPARTMENT NAME AND DELIVERY ADDRESS Virginia Polytechnic Institute and State University	a. PURCHASE APPROVAL: I authorize this purchase.		
	Signature ↑		Date ↑

DEPARTMENT CONTACT TELEPHONE	b. PURCHASE/PAYMENT FOR GOODS AND/OR SERVICES OR REVENUE REFUNDS: I authorize this disbursement.		
	Signature ↑		Date ↑

VENDOR NAME AND ADDRESS _____	c. RECEIPT: I certify that the invoice and Departmental Order are in agreement with the goods or services for which payment is being made; that computations and coding on the Departmental Order are correct and discounts taken are proper.		
	Signature ↑		Date goods/services received ↑

VENDOR/BANNER ID NUMBER INVOICE ADDRESS Virginia Polytechnic Institute and State University	d. REIMBURSEMENTS ONLY: I hereby certify that the expenses listed below were incurred by me and are necessary and appropriate expenditures of the University. By my signature, I acknowledge that the goods purchased become the property of Virginia Tech.		
	Signature ↑		Date ↑

DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
TOTAL AMOUNT				

1099 CODE	FUND	ORGN	ACCT CODE	ACTIVITY CODE	DOC. REF#	SEQ#	VENDOR INVOICE #	DATE ON INVOICE MO/DA/YR	DUE DATE MO/DA/YR	AMT
TOTAL PAYMENT										

Note: This transaction shall be governed by the laws of the Commonwealth of Virginia, the provisions of the Commonwealth of Virginia Purchasing Manual for Institutions of Higher Education and their Vendors, and by the Terms and Conditions found at this web site: http://www.purch.vt.edu/html.docs/do/do_terms.pdf. 4/7/2017 3:49:05 PM
Last updated September 8, 2003