REQUISITIONED BY	PROGRAM	COST CENTRE	ACCOUNT #	CLIENT NAME / #

PURCHASE ORDER

Show this Purchase Order Number on all correspondence, invoices, shipping papers and packages

DATE OF ORDER

MM	DD	YY

Supplier

SHIP TO:

	QTY ORDERED	STOCK NUMBER / DESCRIPTION	UNIT PRICE	AMOUNT
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
		P.S.T.		
		G.S.T.		

White - Supplier Copy Pink - Finance Copy Yellow - Unit Copy

Expiry Date _____

SUPERVISOR / DIRECTOR AUTHORIZATION

HOLTO RESTAURANT LTD.

Guest Check

	TAX	
	PLEASE PAY CASHIER	
GUESTS	WAITER	

STOCK PURCHASE REQUISITION

Quantity to Order	Order/ Quoted From	Job Docket No.	Description	Size	Wt.	Colour	Price

Date _____ 20____

Signed

Zip15

REQUISITION TO PURCHASE

Department _____ Date _____

____ REPLACEMENT
____ NEW ITEM

PLEASE PURCHASE THE FOLLOWING

QUANTITY	UNIT	DESCRIPTION	ACCT. CD.	PRICE

REMARKS (include suggested supplier) _____

REQUESTED BY:

DATE REQUIRED:

AUTHORIZED:

K5874-LEHTO