**INFORMATION REQUIRED TO RAISE A PURCHASE ORDER:**

**Once completed please return to** colsoc-c-coss-finance@adf.bham.ac.uk **to be actioned. Please submit in MS Word format. Thank you.**

|  |  |
| --- | --- |
| Full Name, Address and Email of Supplier:  |  |
| Full Delivery Address: |  |
| The name, contact and email address of the person who the order is being raised for**:** **A copy order will be emailed to you upon completion** |  |
| Any additional requirements/ comments: |  |
| If supplier has no email address please provide fax no: |  |
| Qty/Full description of item and Item/product code if available.**(If catering, date of meeting and location)** |  |
| Cost of item: |  |
| Full Account code: e g AFBS GBM4466 |  |
| Name of Budget holder |  |