

Hospital Advance Purchase Order Request

To request an Advance Purchase Order Number in Oracle, please complete this form, obtain the required signatures, and FAX to 5-5521. Departments will need to provide this documentation before payment can be made on behalf of the advance purchase order.

Date

Order Method

Phone

Deliver To

[Building/Room/Zip](#)

Requester's Phone #

Requester's E-mail

Department

Supplier Name

Supplier #

[Item Category](#)

Item Detail

GL Account(s)/%

GA Account(s)/%

[Object Code](#)

Emergency Need

Requester Signature

Authorized Signature

PO #

[If this is a new vendor, you must first complete a New Supplier Request Form and submit via Optidoc.](#)

If you have difficulty or questions about this form, please contact Montez Russell at mlrussell@uabmc.edu.