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.

Field	Value
Date	
Order Method	Phone
Deliver To	
Building/Room/Zip	
Requester's Phone #	
Requester's E-mail	
Department	
Supplier Name	
Supplier #	
Supplier Address	
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 Hospital Purchasing at purchasing@uabmc.edu.