

Internal Purchase Order Form

Requisitioner (Surname, First Name):

Budget Manager:

Telephone and Email in case of any questions:

Course specialisation/Workshop/Third party/etc.:

- Studienschwerpunkt Drittmittel
 Werkstatt Reparaturfonds
 Werkstattfonds Administration

Reason for purchase:

Important: Payments for representational purposes may only be authorised if they comply with the HFBK Representation Guidelines of 04.04.2013.

No.	Detailed description of the object/the goods and services (please provide quote/internet print-out)	Volume/ quantity	Projected Costs in € Incl. VAT	
			Per unit	Total:
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total amount:				<input type="text"/>

- Anlieferung Selbstabholung Auslagererstattung (nach vorheriger Genehmigung)

Deliver to (recipient and address at HFBK or other):

Installation site, room no.:

Names of suggested suppliers including quotes (you must provide an explanation on a separate sheet if there is only one possible supplier):

Delivery date/Delivery period (please ensure that there will be someone to accept delivery on the date suggested):

Only in case of attachments,
installation parts for
mounting, extra equipment
etc.:

Name of main unit

Inventory number of main unit



_____ Date Signed (budget manager)



Framework agreement:

- nein ja

Cost centre:

Department)

_____ Date/Signed (Purchasing

PSP element:

Date/Signed (Accounts Management)

HFBK/Leitfaden BuA/Anlage 01/Interner Bestellschein