LAKEVIEW COLLEGE OF NURSING

903 N. Logan Avenue
Danville, Illinois 61832
Phone: (217)709-0920 Fax: (217)709-0954

PURCHASE ORDER

To:
_____
_____
_____
_____

Phone: _____ **Fax:** _____

Ship To: **Lakeview College of Nursing**

Choose one shipping address:

☐ 903 North Logan Avenue
Danville, IL 61832

☐ 580 West Lincoln Avenue
Charleston, IL 61920

Purchase Order #: **# 2022. __ __ __**

This number must appear on all related correspondence, shipping papers and invoices.

Requested by:	P.O. Date	Payment. Method (circle one:)	Account # . Department #
		Will Bill - Credit Card - Invoice Attached	.

Qty.	Unit	Description	Unit Price	Total

Subtotal	
Sales Tax	- -EXEMPT- -
Shipping	
Balance Due	

(Illinois #E9990-8972-06)

Federal ID# 37-0692975

Reason/Purpose for Requested Purchase:

_____

1. Please send two copies of your invoice.
2. Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
3. Please notify us immediately if you are unable to ship as specified.
4. **Send all invoices to: Accounts Payable, Lakeview College of Nursing, 903 N. Logan Avenue, Danville, IL 61832.**

☐ Approved ☐ Not Approved

Instructional Item: Dean of Nursing: _____ **Date:** _____

Non-Instructional:
And ALL Items over $500: President:_____ **Date:** _____

Over $5,000, Board approved on: _____ **(date)** _____**(initials)**

White Copy—Administration Office Yellow Copy—Accounts Payable Pink Copy—Requester