

Health PEI

One Island Health System

Request for Local Purchase Orders

Division:
Location / Facility Name:
Book to be issued to (name):

Approvers (Please list all those with signing authority for LPOs)	
Name	Title

Accounts (Please list the range of accounts which may be charged)		
Service	Facility	Primary

Approved by:	Finance Approval:	LPO # Issued:
<hr/>	<hr/>	<hr/>
Executive Director Signature	Finance Representative	Date
<hr/>	<hr/>	<hr/>
Date		

(Completed form to be forwarded to Financial Services, 16 Garfield Street, Charlottetown for processing.)