



**Anglesea Surf Life Saving Club Inc.**  
A.B.N 14 544 659 974

## Application for Purchase Order

A Purchase Order is required for all purchases over \$250. Invoices will not be paid without a Purchase Order.

Supplier: .....

Email Address: .....

Description: .....

.....

Is this purchase to be covered by a grant?  Yes  No

If yes, please provide grant details: .....

Does the grant require photographic evidence of the purchase?  Yes  No

Quote attached  Yes  No If no, estimated price: \$.....

Deposit Required?  Yes  No If yes: \$.....

Account purchase is to be assigned to: ..... Profit Centre: .....

**Note 1:** Please ensure that this is reflected in your approved budget.

**Note 2:** You can only raise a Purchase Order for your Profit Centre. If you are raising for someone else's please consult with that Director or a Vice President/President prior.

Submitted by: ..... Approved by: .....

### Delivery Details

Delivery Address (if not the Club): .....

.....

Attention to: ..... Delivery Date: .....

Delivery Instructions:.....

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