Umbrella Family and Child Centres of Hamilton

UFCC PURCHASING ORDER

Location: _____

Item Name, Description & Vendor	Order Submitted by	Approved Y	Approved N	If not approved, provide reason why	Date Ordered	Date Received	Initials
1.		☐	☐				Staff Supervisor
2.		☐	☐				Staff Supervisor
3.		☐	☐				Staff Supervisor
4.		☐	☐				Staff Supervisor
5.		☐	☐				Staff Supervisor
6.		☐	☐				Staff Supervisor
7.		☐	☐				Staff Supervisor
8.		☐	☐				Staff Supervisor
9.		☐	☐				Staff Supervisor
10.		☐	☐				Staff Supervisor

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Notes: