



Purchase Request Form

Person Requesting

Email

Department Head Email *

Date of Request

Date Required *

Item ID	Item Description	Quantity	Unit Price	Total Price



Purchase Request Form

Person Requesting

Email

Department Head Email *

Please enter the department head email id.

Date of Request

Day Month Year

Date Required *

Day Month Year

Please enter the date required.

Item ID	Item Description	Quantity	Unit Price	Total Price

Please enter all the mandatory fields.



Purchase Request Summary

Person Requesting

Luke

Wright

Email

wrightluke@procAct.com

Department Head Email

johnpanicker@procAct.com

Date of Request

04

Dec

2022

Date Required

31

Jan

2023

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5	1000	5000
ZID	Item Name2	2	2000	4000

Approved by:

[Modify request](#)[Send for approval](#)



Purchase Request Summary

Person Requesting

Luke

Wright

Email

wrightluke@procAct.com

Department Head Email

johnpanicker@procAct.com

Date of Request

04

▼

De

Date Required

31

▼

Ja

Request form Approval

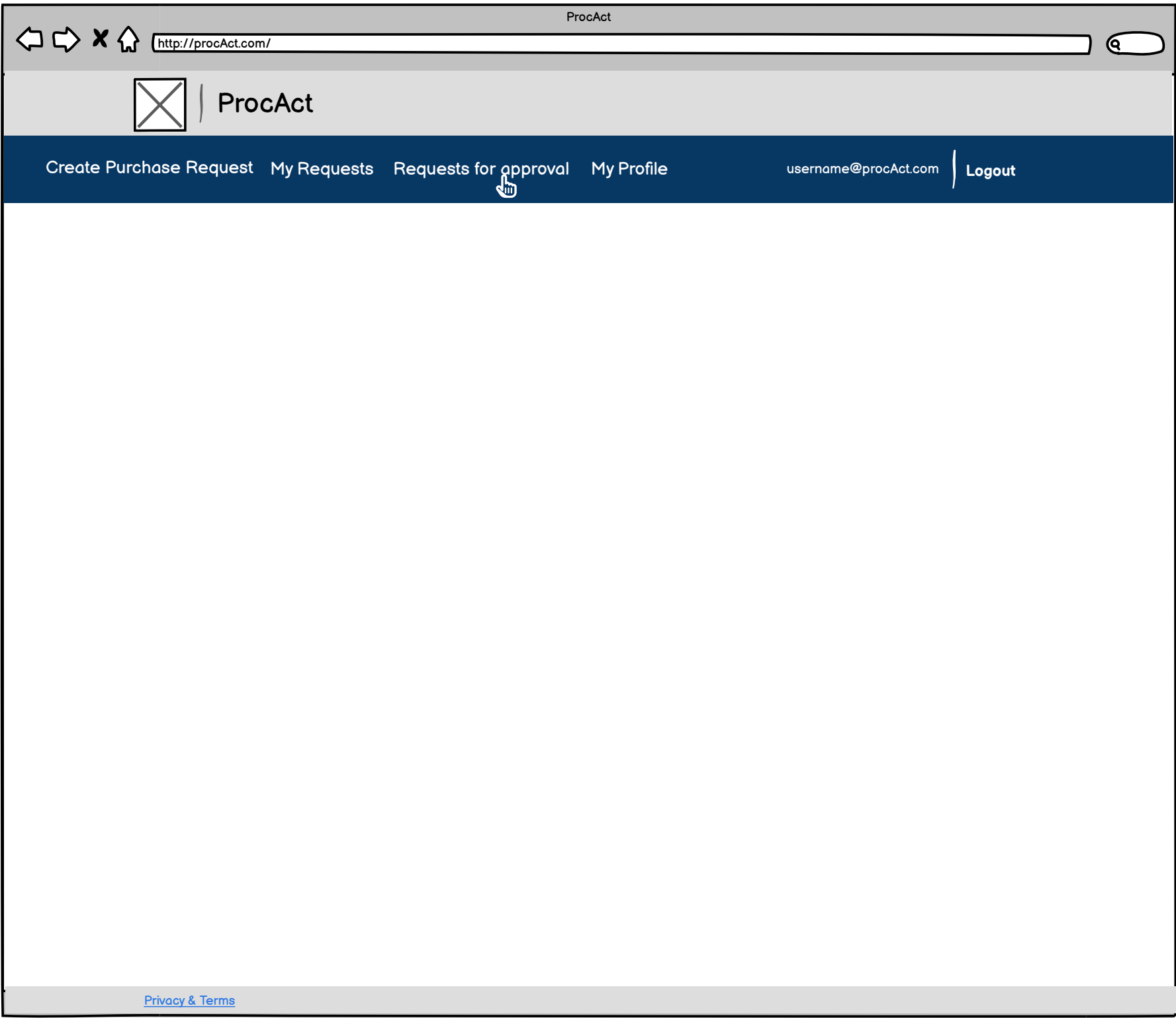
Request form is sent successfully

OK

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5	1000	5000
ZID	Item Name2	2	2000	4000

Approved by:

[Modify request](#)[Send for approval](#)





All requests

Request ID : AA001



Request ID : AA002



Request ID : AA003



Request ID : AA004



Request ID : AA005





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Approved by:

Alexis

[Reject](#)[Approve](#)



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johnpanicker@procAct.com

Date of Request

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Date Required

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Request form Approval

Request approved

OK

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5	1000	5000
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Alexis

[Reject](#)[Approve](#)



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Date of Request

04

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Date Required

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Ja

Request form Approval

Request rejected

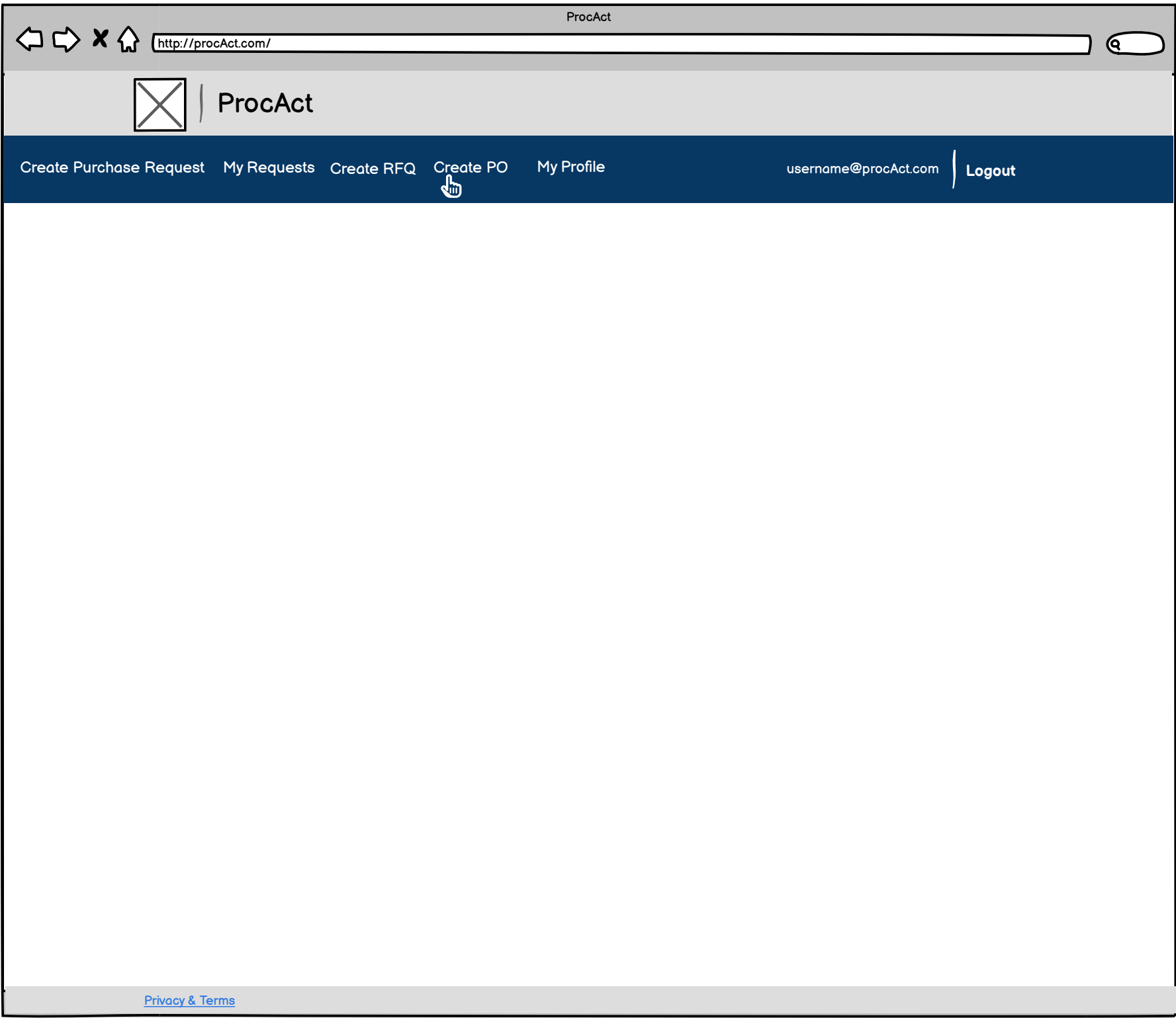
OK

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5	1000	5000
ZID	Item Name2	2	2000	4000

Approved by:

Alexis

[Reject](#)[Approve](#)





Request for quote

Quotation

Quote Date

Quote#

Validity Period

Vendor Name

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5		
ZID	Item Name2	2		

Subtotal:

Tax rate:

Sale tax:

Other:

Total:

[Choose vendors](#)[Send](#)



All vendors

☐ Select All☐ Vendor ID : AA001☐ Vendor ID : AA002☐ Vendor ID : AA003☐ Vendor ID : AA004☐ Vendor ID : AA005[Back](#)[Send](#)



Purchase Order

* All the fields are mandatory

Purchase Order

Order No.

Date

Vendor

Ship to

Client Company name

Client Company name

Address

Address

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5	1000	5000
ZID	Item Name2	2	2000	4000

Subtotal: 9000

Tax rate:

Sale tax:

Other:

Total:

9000



Purchase Order

* All the fields are mandatory

Purchase Order

Order No.

Date

Vendor

Ship to

Client Company name

Client Company name

Address

Address

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5	1000	5000
ZID	Item Name2	2	2000	4000

Subtotal: 9000

Tax rate:

Sale tax:

Other:

Total:

9000

Please enter all the fields



Purchase Order Summary

Purchase Order

Order No.

12

Date

04

▼ Dec ▼

2022 ▼

Vendor

HI limited

Ship to

BX limited

Client Company name

x2z technologies

Client Company name

pacific builders

Address

3M Center, 3300 Bloor St. W. 7th Floor,
West Tower Toronto, ON M8X 2X2 CANADA

Address

Pacific builders,
4615 Fifth Ave. Pittsburgh, PA

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5	1000	5000
ZID	Item Name2	2	2000	4000

Subtotal: 9000

Tax rate:

Sale tax:

Other:

Total:

9000

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Purchase Order Summary

Purchase Order

Order No.

12

Date

04

Dec

2022

Vendor

HI limited

Client Company name

x2z technologies

Address

3M Center, 3300 Bloor St. W

West Tower Toronto, ON M8X

Purchase Order Approval

Purchase Order is sent successfully

OK

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5	1000	5000
ZID	Item Name2	2	2000	4000

Subtotal: 9000

Tax rate:

Sale tax:

Other:

Total:

9000

[Modify request](#)[Send for approval](#)



POs for approval

PO ID : AA001

Waiting for approval

PO ID : AA002



Approved

PO ID : AA003

Approved

PO ID : AA004

Waiting for approval

PO ID : AA005

Waiting for approval

ProcAct

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ProcAct

HomeMy Profile

username@procAct.comLogout

Purchase Order Summary

Purchase Order

Order No.

12

Date

04Dec2022

Vendor

HI limited

Ship to

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XID	Item Name1	5	1000	5000
ZID	Item Name2	2	2000	4000
Subtotal:				9000
Tax rate:				
Sale tax:				
Other:				
Total:				9000

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username@procAct.com

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Purchase Order Summary

Purchase Order

Order No.

12

Date

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Vendor

HI limited

Ship to

BX limited

Client Company name

x2z technologies

Address

3M Center, 3300 Bloor St. W. 7
West Tower Toronto, ON M8X 4

Purchase Order approval

Purchase order approved

OK

Item ID	Item Description	Quantity	Unit Price	Total Price
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ZID	Item Name2	2	2000	4000
Subtotal:				9000
Tax rate:				
Sale tax:				
Other:				
Total:				9000

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Order No.

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Date

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Vendor

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Ship to

BX limited

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Address

3M Center, 3300 Bloor St. W. 7
West Tower Toronto, ON M8X 4

Purchase Order approval

Purchase order rejected

OK

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5	1000	5000
ZID	Item Name2	2	2000	4000

Subtotal:

9000

Tax rate:

Sale tax:

Other:

Total:

9000

Reject

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Reject

Approve



All POs

PO ID : AA001

 Waiting for approval


PO ID : AA002

 Approved


PO ID : AA003

 Approved

PO ID : AA004

 Waiting for approval

PO ID : AA005

 Waiting for approval



Purchase Order Summary

Purchase Order

Order No.

12

Date

04 Dec 2022

Vendor

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Ship to

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XID	Item Name1	5	1000	5000
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Subtotal: 9000

Tax rate:

Sale tax:

Other:

Total: 9000

[Back](#)[Choose Vendors](#)



All vendors

Vendor ID : AA001

Vendor ID : AA002

Vendor ID

Purchase Order is sent successfully

Vendor ID : AA004

Vendor ID : AA005

Purchase Order Approval

OK

[Back](#)[Send](#)



Quotation

Quotation

Quote Date

Quote#

Validity Period

Vendor Name

Item ID	Item Description	Quantity	Unit Price	Total Price

Subtotal:

Tax rate:

Sale tax:

Other:

Total:



Quotation

Quotation

Quote Date

Quote#

Validity Period

Vendor Name

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5	1000	5000
ZID	Item Name2	2	2000	4000

Subtotal: 9000

Tax rate:

Sale tax:

Other:

Total:

9000

[Modify](#)[Send](#)



Quotation

Quotation

Quote Date

Quote#

Validity Period

Vendor Name

Quotation

Quotation is sent successfully

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5	1000	5000
ZID	Item Name2	2	2000	4000

Subtotal: 9000

Tax rate:

Sale tax:

Other:

Total: 9000

[Modify](#)



All POs

PO ID : AA001

PO ID : AA002



PO ID : AA003

PO ID : AA004

PO ID : AA005

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ProcAct

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Purchase Order Summary

Purchase Order

Order No.

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Subtotal:

9000

Tax rate:

Sale tax:

Other:

Total:

9000

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Purchase Order approval

Purchase order approved

OK

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ZID	Item Name2	2	2000	4000
Subtotal:				9000
Tax rate:				
Sale tax:				
Other:				
Total:				9000

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Vendor

HI limited

Ship to

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Client Company name

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Address

3M Center, 3300 Bloor St. W. 7

West Tower Toronto, ON M8X 4

Purchase Order approval

Purchase order rejected

OK

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5	1000	5000
ZID	Item Name2	2	2000	4000

Subtotal:

9000

Tax rate:

Sale tax:

Other:

Total:

9000

Reject

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Invoice

HL Limited

3M Center, 3300 Bloor St. W. 7th Floor,
West Tower Toronto, ON M8X 2X2 CANADA

Invoice**Invoice Date**

04 Dec 2022

Invoice#**Terms****Due Date**

25 Dec 2022

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5		
ZID	Item Name2	2		

Subtotal:

Tax rate:

Sale tax:

Other:

Total:



Invoice

HL Limited

3M Center, 3300 Bloor St. W. 7th Floor,
West Tower Toronto, ON M8X 2X2 CANADA

Invoice**Invoice Date**

04 Dec 2022

Invoice#

INV-1245

Terms

Due on receipt

Due Date

25 Dec 2022

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5		
ZID	Item Name2	2		

Subtotal:

Tax rate:

Sale tax:

Other:

Total:

[Modify](#)[Send](#)



Invoice

HL Limited

3M Center, 3300 Bloor St. W. 7th Floor,
West Tower Toronto, ON M8X 2X2 CANADA

Invoice**Invoice Date**

04 Dec 2022

Invoice#

INV-1245

Terms

Due on receipt

Due Date

25 Dec 2022

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5		
ZID	Item Name2	2		

Subtotal:

Tax rate:

Sale tax:

Other:

Total:

[Modify](#)[Send](#)

Item ID	Item Description	Quantity	Unit Price	Total Price
XID	Item Name1	5	1000	5000
ZID	Item Name2	2	2000	4000

9000
9000



Welcome! Please answer the following question, and you will be enrolled in the course.

1. What is your first name?

2. What is your last name?

3. What is your role?

4. Which content area(s) do you specialize in? (SELECT ALL THAT APPLY)

- ☐ Early Childhood Education
- ☐ Primary Education
- ☐ English Language Arts
- ☐ Mathematics
- ☐ Science
- ☐ Social Studies
- ☐ Arts Education
- ☐ Career Technical Education
- ☐ English as a Second Language
- ☐ Exceptional Children
- ☐ Guidance
- ☐ Healthful Living
- ☐ Information and Technology Skills
- ☐ World Languages
- ☐ Not Applicable
- ☐ Otherz

5. Do you currently teach, or have experience in, a particular grade level (or levels)?

- ☐ Yes
- ☐ No

6. How many years have you worked in the field of education?

- ☐ 0 to 3 years
- ☐ 4 to 5 years
- ☐ 6 to 10 years
- ☐ More than 10 years

7. What is your primary reason for enrolling in this MOOC?

- ☐ Professional growth.
- ☐ I am responsible for providing professional development for my school or district.
- ☐ I am just curious about MOOCs.
- ☐ Other reason.

8. Is this your first online professional development experience?

- ☐ Yes
- ☐ No

Enroll