



Date: _____

Requisition #: _____

PO #: _____

PURCHASE ORDER FORM

Budget Fund Name: _____ Fund # _____

Vendor Name: _____ Vendor # _____

Address: _____

City, State, Zip Code: _____ Phone: _____

*Reminder - No taxes may be charged (You may attach a completed order form instead of filling in the information below.)

QUANTITY	DESCRIPTION OF ITEM(S) PURCHASED	PRICE OF ITEM(S)	TOTAL AMOUNT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Estimated Amount of Purchase			\$

Reason/Purpose for Purchase: _____

Requested By: _____ PO Rep Signature: _____

Order Approved by (Administrator Signature): _____

Date of Purchase: _____

Fill out form and turn it in to Patsy Cathcart, Bookkeeper, along with a quote and supporting documents. Thank you.

(Bookkeeper Use Only)

MUNIS DESCRIPTION: _____