



PURCHASE ORDER REQUEST

Vendor _____ QUOTE# _____

Address _____

City _____ Zip _____

Telephone (____) _____ Fax (____) _____

Email _____

Amount \$ _____ Date Needed by: _____

Program / Committee: _____

<u>GL Account</u>	<u>Amount</u>	<u>Description of Expenditure</u>
_____	\$ _____.	_____
_____	\$ _____.	_____
_____	\$ _____.	_____
_____	\$ _____.	_____
_____	\$ _____.	_____
_____	\$ _____.	_____
_____	\$ _____.	_____
Total	\$ _____.	

QUOTE FROM VENDER MUST BE ATTCHED

Submitted By: _____ Date ____/____/____

Submitted To: _____ Via _____

Program/committee expenditures require the chairman's approval

Date Received ____/____/____ Approved ____ Not Approved ____

By: _____

Submitted to State Office via: _____ Date ____/____/____

Received By: _____ Date received ____/____/____

PO number assigned _____