

**CHECK or PURCHASE ORDER
(PLEASE CIRCLE ONE)**

PO # _____

Vendor _____

Name _____
 Address _____
 City _____ State _____ ZIP _____
 Vendor # _____
 Tax ID # _____

Date _____
 From (Dept) _____
 Deliver To _____

QTY	DESCRIPTION	UNIT PRICE	TOTAL PRICE	ACCOUNT NUMBER

SubTotal before tax	\$0.00
Sales Tax	\$0.00
TOTAL	\$0.00

 Department Head Approval

 Finance Approval in accordance with G.S. 159-26(d)

 Date

 Date

A Purchase Order must be obtained and have Finance approval for all items costing \$300 or more before placing orders.