PO #

CHECK or PURCHASE ORDER
(PLEASE CIRCLE ONE)

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		
		TOTAL	$0.00	

Department Head Approval

Date

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

Date

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

(FIN1-10/98)