Please staple in this corner ☺

41852 *EXAMPLE*

PURCHASE ORDER

TO: Where you did your shopping (ex: Chief)

ADDRESS:

DATE:

SHIP TO: **NORTHWESTERN OHIO COMMUNITY ACTION COMMISSION**
1933 E. SECOND STREET
DEFIANCE, OHIO 43512

PHONE (419) 784-2150 FAX (419) 782-5648

Attn: Your facility (ex: FRC)

	QUANTITY	DESCRIPTION	PRICE	AMOUNT	
1	*ALL food first				
2	ex:				
3					
4	3	Strawberries	1.75	5	25
5	2.28#	Bananas	0.52	1	19
6	2	String Cheese	6.37	12	74
7					
8	*PLEASE print clearly & only (1)				
9	item per line				
10		- Even if you got one item at			
11		several different prices			
12	ex:	(Spartan) mand. oran.		3	29
13		(Dole) mand. oranges		3	99
14			Total		
15					
16	*PLEASE total food & non-food/other				
17	sections. Also double check item				
18	counts.				
19					
20	*All non-food/other items after				
21		food			
22	ex:	napkins	6.26	75	15
23		fuel charge		3	00
			total		

REQUESTED BY:

AUTHORIZED BY:

PURCHASE ORDERS TOTALING $500 OR MORE REQUIRE APPROVAL BY BOTH THE EXEC. DIRECTOR AND THE FINANCE DIRECTOR.

NOT VALID AFTER 30 DAYS

WHITE COPY – VENDOR

FINANCE DEPARTMENT USE ONLY!

Voucher #:

Vendor #:

Voucher $: $

Description:

TRANS. CODE	ELEMENT	AMOUNT

DIRECTOR'S USE:

58600 -	368116 -	$
58700 -	368116 -	$

TOTALS:

YELLOW COPY – FINANCE