



(revised 11/23)

PURCHASE ORDER

Employees must COMPLETE AND HAVE APPROVAL for a purchase PRIOR TO MAKING ANY PURCHASE, except for recreation, milk, gas, daily incentives for the residential treatment program.

BE SURE YOU PUT THE AMOUNT OR ESTIMATED AMOUNT OF THE PURCHASE

VENDOR NAME _____

QTY	DESCRIPTION	UNIT PRICE	TOTAL

Payment: _____ Payment by Check Needed
_____ Reimbursement to Staff Needed
_____ Credit Card _____ Last 4 digits of card _____

Sub Total	
- Coupons	
S & H	
<u>TOTAL</u>	

Requested by _____

Date _____

APPROVAL

Executive Director _____

Date _____

Please give approved purchase order to Accounting, along with the receipt for that purchase.