ILLUSTRATION 2
PURCHASE ORDER

(OPTIONAL)

DATE_____ P.O. No._____

PURCHASE ORDER

Vendor:		Ship To:

Ship Via: F.O.B Tax Exempt #
Charge Tax

Quantity Ordered	Quantity Received	Description	Unit Price	Extension

Fund	Account

Budget Authorization_____
County Auditor Date

Purchase Authorization_____
Designated Person Date

Merchandise Receipt_____
Department Head Date

White - Vendor Copy
Yellow - County Auditor
Pink - Receiving Document