

COMMUNITY ACTION TEAM, INC

124 N 18TH ST

ST HELENS OR 97051

PHONE: 503-366-6570

FAX: 503-366-7906

REQUISITION/PURCHASE ORDER

The following number must appear on all invoices, bills of lading, and acknowledgments relating to this PO.

TO: []

PURCHASE ORDER NO: []
PO DATE: []
DATE REQUIRED: []

Table with 5 columns: QTY, UNIT PRICE, DESCRIPTION, EXT PRICE, CODING: {GL(4)-FUND(4)-LOCATION(2)-PROJECT(4)}

COMMENTS: [] SUBTOTAL [] SHIPPING [] GRAND TOTAL []

SHIP TO: []

SEND CORRESPONDENCE TO:
COMMUNITY ACTION TEAM, INC
124 N 18TH ST
ST HELENS OR 97051

WRITTEN BY:

APPROVED BY/DATE:

APPROVED BY/DATE:

[]

[]

[]

I have reviewed the budget(s) included in this payable and understand that sufficient funding exists for this payment.