

**COMMUNITY ACTION TEAM, INC**

124 N. 18th Street  
ST HELENS OR 97051

PHONE: 503-366-6570

FAX: 503-366-7906

**CREDIT CARD**

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

TO:

<b>PURCHASE ORDER NO:</b>
<b>PO DATE:</b>
<b>DATE REQUIRED:</b>

QTY	UNIT PRICE	DESCRIPTION	EXT PRICE	CODING: <small>{GL(4)-FUND(4)-LOCATION(2)-PROJECT(4)}</small>
COMMENTS:				<b>SUBTOTAL</b>
				<b>SHIPPING</b>
				<b>GRAND TOTAL</b>

SHIP TO:

**SEND CORRESPONDENCE TO:  
COMMUNITY ACTION TEAM, INC  
124 N. 18th St.  
ST HELENS OR 97051**

I have reviewed the budget(s) included in this payable and understand that sufficient funding exists for this payment. If the total is more than \$1,000 the signature of the Executive Director is REQUIRED.

WRITTEN BY:

APPROVED BY/DATE:

APPROVED BY/DATE:

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