

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 columns: QTY, UNIT PRICE, DESCRIPTION, EXT PRICE, CODING: {GL(4)-FUND(4)-LOCATION(2)-PROJECT(4)}. Includes rows for SUBTOTAL, SHIPPING, and GRAND TOTAL.

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.

WRITTEN BY:

APPROVED BY/DATE:

APPROVED BY/DATE:

Signature box for WRITTEN BY

Signature box for APPROVED BY/DATE

Signature box for APPROVED BY/DATE