Community Action Team

Serving Columbia, Clatsop, and Tillamook Counties

cat-team.org
phone (503) 366-6569
fax (503) 366-7906

PURCHASE ORDER

Save Form | Print Form | Clear Form

Payment to be made via: ☐ VISA ☐ Check

VENDOR: *name & payment address*

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

PURCHASE ORDER NO:
PO DATE:
DATE REQUIRED:

QTY	UNIT PRICE	DESCRIPTION	EXT PRICE	CODING: GL(4)-FUND(6)-PGM(3)-LOC(3)-PRJ(4)
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	

COMMENTS:	$ 0.00	SUBTOTAL
		SHIPPING
	$ 0.00	GRAND TOTAL

SHIP TO:

SEND INVOICES TO:
Community Action Team, Inc.
124 North 18th Street
Saint 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.

Submitted by: _____ Date _____ Approved By: _____ Date _____