Community Action Team

Serving Columbia, Clatsop, and Tillamook Counties

cat-team.org
phone (503) 366-6564
fax (503) 366-7906

PURCHASE ORDER

Save Form | Print Form | Clear Form

Payment to be made via: ☐ Check ☐ Credit Card

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)-Project(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 St.
Saint Helens, OR 97051
payables@cat-team.org

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 $2,000 the Executive Director signature is REQUIRED.

Submitted by _____ Date _____ Approved By _____ Date _____