



Community Action Team

Serving Columbia, Clatsop, and Tillamook Counties

cat-team.org

phone (503) 366-6569

fax (503) 366-7906

PURCHASE ORDER

Payment to be made via: **VISA** **Check**

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

VENDOR: *name & payment address*

PURCHASE ORDER NO:

PO DATE:

DATE REQUIRED:

QTY	UNIT PRICE	DESCRIPTION	EXT PRICE	CODING: GL(4)-FUND(6)-PGM(3)-LOC(3)-PRJ(4)
COMMENTS:				SUBTOTAL
				SHIPPING
				GRAND TOTAL

SHIP TO:

Send Invoices To:
 Community Action Team
 124 N. 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