KEMPSVILLE RESCUE SQUAD INC.

P.O. BOX 62345 • VIRGINIA BEACH, VA. 23466 757-340-KVRS • www.kvrs.org

PURCHASE ORDER						
		TAX ID# 52-1	356226			
Vendor Invoice#			Charged on KVRS CC?		☐ YES ☐ NO	
I, the unders	signed and duly	ppointed Purchasing Agent hereby authorize the purchase of the	orize the purchase of the following goods and/or services on behalf of Kempsville Rescue Squad Inc.:			
QTY		DESCRIPTION		UNIT PRICE	LINE TOTAL	
*CAPITAL =	Durable asset. F	ROGRAM = Enables treatment/transport of ill/injured, EMS train	ning, emergency incident support, public e	ducation. OVERHEAD =	= All other.	
KVRS TI	REASURER	Reimburse actual expenses to the following [Dealer, Vendor, or Reimbursee	··		
Name:						
Mailing	g Address:					
DEALER	R. VFNDOR	OR REIMBURSEE:				
Ship to:						
Bill to:						
Please c	ite our purc	nase order number on your bill. See reverse si	de for tax-exempt form.			
Purchasing Agent		Officer /Coordinator Ti	Officer /Coordinator Title (expense fund)		 Date	