

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

PURCHASE ORDER

TAX ID # 52-1356226

I, the undersigned and duly appointed Purchasing Agent, hereby authorize the purchase of the following goods and/or services on behalf of Kempsville Rescue Squad Inc.:

QTY	DESCRIPTION	KIND OF EXPENSE* (Check one)			UNIT PRICE	LINE TOTAL
		CAPITAL	PROGRAM	OVERHEAD		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*CAPITAL = Durable asset. PROGRAM = Enables treatment/transport of ill/injured, EMS training, emergency incident support, public education. OVERHEAD = All other.

KVRS TREASURER: Reimburse actual expenses to the following Dealer, Vendor, or Reimbursee:

Name:	
Mailing address:	

DEALER, VENDOR, OR REIMBURSEE:

Ship to:	<i>KEMPSVILLE RESCUE SQUAD INC.</i> <i>5145 RURITAN COURT, VIRGINIA BEACH, VA 23462</i>
Bill to:	<i>TREASURER, KEMPSVILLE RESCUE SQUAD INC.</i> <i>P.O. BOX 62345, VIRGINIA BEACH, VA 23466</i>
Please cite our purchase order number on your bill. See reverse side for tax-exempt form.	

X

Purchasing Agent

Officer/Coordinator Title (expense fund)

Date

ORIGINAL - Vendor/Reimbursee 1ST COPY - Treasurer 2ND COPY - Purchasing Agent