



PURCHASE ORDER

BILL TO: Corporate Office
251 Johnston St SE
Decatur, AL 35601
256-350-1764 Phone
256-350-8995 Fax

Purchase Order Number:	
Budget Confirmation:	

Date Ordered:	
Time Ordered:	
Delivery Date:	
Confirmation No:	

Vendor: _____
Address: _____

Ship to: _____ Attn: _____

Facility Number	Purchasing Clerk	Date Needed	Today's Date

ACCT #	FAC #	DPT#	ITEM #	DESCRIPTION	QUAN	PRICE	AMOUNT
1							0.00
2							0.00
3							0.00
4							0.00
5							0.00
6							0.00
7							0.00
8							0.00
9							0.00
10							0.00
11							0.00
12							0.00
13							0.00
14							0.00
15							0.00
16							0.00
17							0.00
18				SubTotal			0.00
19				Shipping			
20				Tax			
TOTAL							0.00

IMPORTANT	APPROVALS
OUR OFFICIAL PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, ETC. ASSIGNMENT OF THIS NUMBER BY A/P GIVES FINAL APPROVAL TO ORDER SUPPLIES.	Department Director Approval _____ Date _____
Keep 2 copies: Department Copy and Corporate Purchase Order Book Copy	Regional Director Approval _____ Date _____