PURCHASE ORDER

Submitted by:		**DATE:**	
Phone:			
Email:			
		P.O. #:	

VENDOR

Name	
Company Name	
Stress Address	
City, State Zip Code	
Phone	

Item Description	QTY	UNIT PRICE	TOTAL
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
		TOTAL	**$0.00**

Other Comments or Special Instructions

Event ***(Pick from List)***

Click Here for List (Select from arrow on right)

Other: _____ **Mini Grant Name** _____

Post-Approval Processing (please check one from dropdown box):

• Issue check directly to vendor address (please attach supporting documentation)	-
• Invoice to follow. (Submitter to place order once approved)	-

Date: _____ Authorized by: _____

If you have any questions about this purchase order, please contact:

treasurer@ecspco.org