



Program Name:

Account Code:

Object #:

Function #:

Fiscal Year:

Henderson Knox Mercer Warren ROE #33

2024 - 2025 PURCHASE ORDER

Date _____

Charge Card

Other (Explain)

Description of Purpose:
Ship to:
Supplier Name:
Address:
Phone/Fax:

Item Name	Brief Description of Item	How Many	Cost

Total

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Regional Superintendent _____ Date _____

_____ Approved

_____ Not Approved