



Program Name:

Account Code:

Object #:

Function #:

Fiscal Year:

## Henderson Knox Mercer Warren ROE #33

### 2022-2023 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