Purchase Order Request

Requested By: _____

Date: _____

PO # (For Office Use Only) _____

Umatilla-Morrow County Head Start, Inc.

UMCHS
110 NE 4th St
Hermiston, OR 97838
Phone 541-564-6878

Supplies@umchs.org

VENDOR Company Name:
Address:

SHIP TO Location:
Address:

Paid Y=Yes, N=No, I=Invoiced	Payment Method (Check, or Credit Card)	Name on Credit Card	Date Needed By

Qty	Item #	Description	Account Code	Unit Price	Line 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
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
				Subtotal	$ 0.00
				Sales Tax	
				Total	$ 0.00

1. Attach copy of online order
2. Attach pictures of specific order including the prices, terms, delivery method, and specifications listed above.
3. Items over $3,500.00 require comparison shopping with three vendors and attached to this form.
4. Attach all receipts of purchase.
5. Credit card purchases under $750.00 will not need a purchase order created, however this form can still be used to add detail regarding purchases on an agency credit card.

Authorized by _____ Date _____