

COMPANY NAME

ADDRESS

CITY/STATE/ZIP CODE

DATE

QUANTITY

UNIT COST

\$

SUB-TOTAL \$

SALE TAX

SHIPPING

' \$ 6 Chair or Vice-Chair
(2 signatures required only if over \$1,000.00)

' \$ 6 Budget Center Manager

TOTAL \$

FUND	ACTIVITY	PROGRAM	OBJECT OF EXPENDITURE	BUDGET CENTER/LOC	AMOUNT
::	::::::	::::	::::::	::::	\$
					\$
					\$
					\$

APPROVED:

VERIFIED BY: