

PURCHASE AUTHORIZATION FORM

Date _____

Purchasing Department
 Please purchase the following named items:
 INDICATE SOURCE OF SUPPLY IF KNOWN:

	Quantity	Number	Amount	Description of Item
1				
2				
3				
4				
5				

Purpose or Use:

 Date Needed:

To be filled in by Purchasing Dept.
 Date Ordered _____ P.O. Number _____

Approved _____
 Department Executive

 Mike Thomas - If over \$500.00

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