

PCard | DPO | DRO | DU3 | PR | DC | DaFIS Doc #01-0 _____ | PO #: L4HCOB _____



4-H PURCHASE REQUEST

Request Date ___/___/___ Date Needed ___/___/___ Rush Processing Order as Available

Requested by _____ Account # _____

Suggested Vendor: _____ This Vendor Required Select Vendor

Vendor Address: _____

Vendor Phone: _____ Fax: _____ Vendor Requires Faxed PO

Vendor Contact: _____ Customer Account #: _____

Standard Delivery Express Delivery Required Deliver to Different Address as Indicated Below

Quantity	Unit	Catalog #	Description	Unit Price	Total
				Shipping	
				Tax	
				Total	

Notes/Special Instructions:

Approval: _____ Date: ___/___/___ Account #: _____

Date Ordered: ___/___/___ Confirmation #: _____ Terms: Net _____ Shipping Method: _____