Purchase Order

Date of Request:

PAYMENT REQUEST ☐ **FOR APPROVAL TO ORDER ONLY** ☐

15260 Nisqualli Rd
Victorville, Ca 92395

☐ Check
☐ Petty Cash
☐ Credit Card
☐ On Account

☐ VFA
☐ AVC
☐ HESP
☐ LR
☐ LV
☐ Palmdale
☐ Adelanto
☐ FMS
☐ VVCS
☐ Victoryville
☐ Colton

Vendor _____
Address _____
_____
Phone: _____

Date check needed _____

☐ Return check to _____ Department _____
☐ Mail Check Person making request _____
☐ Budgeted Department Head Approval _____

Comments:

Quantity	Item Number/Item Description	Price/Item	Total Amount	Budget Line #
	Grand Total			

Finance Office _____Amelia Adams
Approved by _____
Approved by _____