



Siskiyou County Purchase Order

PO Number:
BILL TO:

Attention:
SHIP TO:

Dept. Phone:

Dept. Fax:

PO Date:

Terms:

Required Date

Shipping:

Vendor Contact:

Vendor:

Vendor Phone:

Vendor
Address:

Vendor Fax:

Vendor Code:

Comments:

| Product Description | Part Number | Quantity | Unit Price | Extended Price |
|---------------------|-------------|----------|------------|----------------|
| | | | | |

Vendor Quote Attached:
Yes
No

Sub-Total

Tax

Shipping

Total

Department Authorization

Date

Budget Account Codes

Information Technology Approval
(Needed for Computer-Related Purchases Only)

Date

Auditor Approval

Date

CAO/Purchasing Agent Approval

Date

For Auditor Use Only