## **County - Purchase Order Request** Date of request: Request Completed by: \_\_\_\_\_\_ Department: \_\_\_\_\_ For Office Use Only Vendor # \_\_\_\_\_ Vendor Location # \_\_\_\_\_ Req # \_\_\_\_\_ Commodity # \_\_\_\_\_ Vendor Name: Address: Fax ( ) \_\_\_\_\_ Phone Number ( Quantity Item# **Brief Description** Unit Price Subtotal of Order Tax 6.75% Discount % or Amount Shipping Charges **Total Order** Signature of Person Requesting Purchase Order: Signature of Principal Approving Purchase: