TOWNSHIP OF WASHINGTON
PURCHASE ORDER REQUEST

DATE: _____

DEPARTMENT: _____

ACCOUNT # : _____

DEPT. HEAD APPROVAL: _____
(Initials)

For Finance Department Use

DATE RECEIVED _____

DATE ISSUED _____

APPROVED BY: _____

PAYABLE TO: (PLEASE PRINT)

NAME:

ADDRESS:

DESCRIPTION/SERVICES RENDERED (PLEASE ITEMIZE)

RX REIMBURSEMENT

TOTAL

CHECK #

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars, that the articles have been furnished or services rendered as stated therein, that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim that the amount therin stated is justly due and owning and that the amount charged is a reasonable one.

Date_____Signature_____Position_____