



600 N. Broadway Ave., Suite A & B
Bartow, FL 33830 Phone:863-508-1600

PO #

Tax-Exempt Certificate Number:
85-8012537935C-8

VENDOR:

ADDRESS:

STATE CONTRACT #

PHONE:

FAX:

SNAPS AGREEMENT #

P.O. DATE	REQUISITIONER	SHIP TO:	ORDERED BY:

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL

I hereby certify that I have followed the Procurement Policy and Procedures (Administrative Directive PY98-37, inclusive of subsequent modifications) in making this selection for purchase.

Total

Date

SELECT ONE FUNDING SOURCE

Funding Source:

If other, select allocation pool or explain below.

Location:

Staff Full Name:

On Behalf Of Initials:

Supervisor Initials:

MGR/VP/CEO Initials:

FINANCE USE ONLY

Charge To: Needs to be capitalized: Yes No SR. Accountant Initials:
Percentage: Supporting Documents: Yes No Accountant Initials:
Funds available: Yes No Finance VP Initials:

VP of Finance Initials:

Date

President & CEO Initials:

Date

QUOTE INFORMATION

This section MUST be completed by Purchase Order Original
***** Prior approval may be required, refer to Prior Approval Policy and/or***
OMB Selected Items of Cost Requiring Prior Approval

1. Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
2. Please notify us immediately if you are unable to ship as specified.
3. **SHIP TO THE ATTENTION OF:**

- | | | |
|--|-----|----|
| 1. Is this an allowable cost? | Yes | No |
| 2. What procurement method is required for this purchase? | | |
| 3. Is this a related party transaction? (i.e. family, board member, former employee, etc.) | Yes | No |
| 4. WAS THE APPROPRIATE PROCUREMENT METHOD FOLLOWED? | Yes | No |
| 5. Is the price of the purchase considered reasonable? | Yes | No |
| 6. Has this type of purchase been distributed equitably among qualified suppliers? | Yes | No |

VENDORS	CONTACT	COST	COMMENTS

JUSTIFICATION OFFERED IN LIEU OF QUOTES: If quotes are not feasible, reason and justification for purchase must be given.