PURCHASE ORDER

BILL TO:
Gilchrist County BOCC
P.O. Box 37
Trenton, FL 32693
352-463-3170/352-463-4050 (fax)

Number: _____
Date: _____

ISSUE TO:
Vendor Name: _____ Vendor # _____
Address: _____
City _____ State _____ Zip _____

SHIP TO:
Department Name _____
Address: _____
City _____ State _____ Zip _____

Quantity	Item #	Description	Unit Price	Amount
			Subtotal	
			Shipping	
			TOTAL	

Florida Sales Tax Exemption Number: 85-801-2621917C-6 (expires 9/30/2017)

_____
Department Supervisor

_____
Finance Director

I HEREBY CERTIFY THAT FUNDS TO COVER THESE EXPENDITURES ARE AUTHORIZED IN THE BUDGET AND HAVE NOT BEEN ENCUMBERED

_____
County Administrator

- If total is greater than $1,000.00, must be approved by the County Administrator
- If total is greater than $5,000 must be accompanied by 3 quotes and be approved by the BOCC
- If total is greater than $10,000 must be bid.

CHARGE TO:

Department	Account#	Amount