

PURCHASE ORDER

Number: _____

Date: _____



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

ISSUE TO:

Vendor Name: _____ Vendor # _____

Address: _____

City _____ State _____ Zip _____

SHIP TO:

Department Name _____

Address: _____

City _____ State _____ Zip _____

Quantity	Item #	Description	Unit Price	Amount
<i>Florida Sales Tax Exemption Number: 85-801-2621917C-6 (expires 9/30/2022)</i>			Subtotal	
			Shipping	
			TOTAL	

 Department Supervisor

 Finance Director

- 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.

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

CHARGE TO:

Department	Account#	Amount

 County Administrator