



Humboldt Community Access & Resource Center Purchase Order Form

Date: _____

Program: _____

ITEMS	COST	EXPENSE TYPE
_____	_____	<input type="checkbox"/> 300 Program Supplies
_____	_____	<input type="checkbox"/> 310 Program Costs
_____	_____	<input type="checkbox"/> 320 Equipment-Rent/Maintenance
_____	_____	<input type="checkbox"/> 330 Equipment Depreciation
_____	_____	<input type="checkbox"/> 340 Staff Trainings
_____	_____	<input type="checkbox"/> 350 Recruitment
_____	_____	<input type="checkbox"/> 360 Travel
Sales Tax & Shipping	_____	
TOTAL	_____	

Vendor Name/Payee: _____

Justification: _____

Requested by: _____

Return check to requestor

Mail check

Approved By: Program Director _____ Date: _____

Fiscal Director _____ Date: _____

Executive Director _____ Date: _____

Accounting Use Only

Purchase Order No. _____ Date _____

Account Number	Amount