## Developmental Services of Dickson County Purchase Request / Purchase Order

Popartment #  Quantity  Items Requested  Items Requested	Vendor:		Vendor I.D		
Quantity			d By:		
Employee Requesting Purchase:	Team:	Department #			
Approved By:	Quantity	Iten	ns Requested		
Approved By:					
Approved By:					
Approved By:					
Approved By:					
Approved By:					
Approved By:					
Approved By:					
Approved By:					
Approved By:					
Accounts Payable  Vendor / I.D	Employee Requesting Pu	urchase:		Date:	
Vendor / I.D	Approved By:			Date:	
nvoice Number:Invoice Amt:		Acc	counts Payable		
nvoice Number:Invoice Amt:	Vendor / I.D			Invoice Date:	
	<u>G/L</u>	<u>Program</u>	<u>Dept</u>	Account Amount	

Revised 4/2010