

PO # _____

VILLAGE COMMUNITY SERVICES
PURCHASE / REPAIR REQUEST

Item(s) Needed: _____

Purpose: _____

Program: _____ Estimated Cost: _____

Requested By: _____ Date: _____

Method of Payment: (Check one & fill in applicable information below):

<input type="checkbox"/>	On Account
	Name of Vendor _____
<input type="checkbox"/>	Credit Card
	Name of Card _____
<input type="checkbox"/>	Check
	Made Out To _____
	Date Needed _____
	Route Check to _____
	or Mail Check to _____

Request Approved

Request Denied

MANAGER

DATE

EXECUTIVE

DATE

ACCOUNTING TECHNICIAN

DATE