

PURCHASE ORDER

**SAINT PAUL
JAYCEES**

401 North Robert Street • Suite 150
Saint Paul, MN 55101
651-222-1708

Project Name _____

Project Date (include year) _____

Make check payable to: _____

Mail to: (name) _____

(address) _____

List Item/ Description _____

Cost

Invoice # _____

Data required: _____

TOTAL \$ _____

ATTACH RECEIPTS AND/OR INVOICES TO ORIGINAL P.O.

Requested by Project Chair: _____

Date: _____

Approved by Committee Chair: _____

Date: _____

Approved by Director: _____

Date: _____

For office use only: _____

Amount \$ _____ Date Paid _____ Check number _____

Treasurer's Copy

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Customer's Copy