

ARC  DO   
 CRC  FM   
 FLC  ETW   
 SCC  OTHER \_\_\_\_\_

Release No.	Purchase Order No.
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SEE INSTRUCTIONS ON REVERSE SIDE  
**FOR COMPLETING THIS FORM**

Vendor Name (As it appears on Purchase order) \_\_\_\_\_ Vendor Code \_\_\_\_\_

Invoice No., Credit Memo No., or Packing Slip No. \_\_\_\_\_ Date Items Received \_\_\_\_\_  
 (Please check if attached and write total dollar amount below)

DESCRIPTION (Do Not Complete if Attaching Invoice Credit Memo or Packing Slip)	QUANTITY	UNIT	UNITPRICE	TOTAL
Purchases charged to Categorical Programs, Grants, Or Special Projects This Purchase is in compliance with the requirement of _____ _____ For grants/special projects _____ Program Name Program Director/Coordinator Signature _____ Program/Grant Number			Total Amount or Estimate	
Program Goal/Objective Number/Explanation				

I hereby certify the items/services listed above are to be obtained in accordance  
 With District Regulation 8323, Section 4, Conflict of Interest, and all other  
 Applicable district, state, and federal polices, rules, regulations, and laws.

\_\_\_\_\_  
 AUTHORIZED PURCHASER SIGNATURE Date  
 (must be listed on Purchase Order)

\_\_\_\_\_  
 APPROVED: Date  
 SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE

PO Line#	Bus. Unit	Account	Fund	Org
Program	Sub-Class	BY	Proj/Grant	Amount
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Program	Sub-Class	BY	Proj/Grant	Amount