

**PURCHASE
ORDER**

DATE _____

VENDOR:
VENDOR ADDRESS:
VENDOR CONTACT:
VENDOR PHONE:
VENDOR FAX:
VENDOR EMAIL:

Bill to:	City of Pflugerville P.O. Box 589 Pflugerville, TX 78691-0589 Phone: 512-990-6100 Fax: 512-251-5768
-----------------	---

SHIP TO:

DEPT CONTACT:
ACCOUNT CODE(S):
PROJECT:

ITEM	QUANTITY	DESCRIPTION AND PART/MODEL #	UNIT PRICE	TOTAL
1				
2				
3				
4				
5				
6				

Cody Collins

 APPROVED

FREIGHT
TOTAL \$

Finance use only:			
Received (date): _____	Form 1295: Attached	n/a	
Entered into Incode (date): _____	SB 252 Certification: Initial: _____	Date: _____	