



**PURCHASE ORDER REQUEST**  
 NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES  
 5516 East Alexandria Pike, Cold Spring, KY 41076  
 Phone: (859) 442-8600 Fax: (859) 442-7038

**VENDOR NAME & ADDRESS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Website Address: \_\_\_\_\_  
 Login & Password: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**[ ] Tax Exempt #ST-19-101**  
**[ ] KPC Bid List Pricing**  
**[ ] Documentation Attached**  
**[ ] New Vendor**  
**\*Take Check / Open Account 30 Days**  
**\*W-9**

DATE	REQUISITIONER	PROGRAM NAME & NO.

QUANTITY	UNIT PRICE EA	G/L #	DESCRIPTION	TOTAL
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			Name of Event:	
			Date of Event:	
			Location:	
			Payment: Check or Credit Card	
			Discount Code for Training / Conference:	
			Food: Pickup or Delivery? Time & Responsible Person:	
			Shipping	
			<b>TOTAL</b>	<b>\$ -</b>

**I certify that the above request represents a proper NKCES expenditure, that funds are available, and that it is not a duplication of a prior request.**

**Program Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_