(09/17/20)

04.32 AP.21

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
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			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	
			TOTAL	$ -

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:**