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:

_____

_____

_____

_____

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.

QTY	UNIT PRICE EA	G/L #	DESCRIPTION	TOTAL
			Name of Event:	
			Date of Event:	
			Location:	
			Pickup or Delivery (Food Only):	
			Time of Pickup/Delivery (Food Only):	
			Who is responsible (Food Only):	
				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:**