

**CLARKE COUNTY DELEGATED PURCHASE ORDER**  
ORDER:

DPO.FRM  
(Not Valid Over \$800)

VENDOR NAME, ADDRESS, PHONE & FAX	The number below must appear on all packing slips, packages, invoices, envelopes, and correspondence.					
	<b>P.O. NUMBER:</b>					
	<b>P.O. DATE:</b>					
ITEM NO.	STOCK NUMBER / DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE	QTY RECD
<b>TOTAL:</b>						

**APPROVE:** The vendor above has been selected in accordance with Clarke County Procedures.  
The goods and/or services above are budgeted, appropriated, and necessary.

\_\_\_\_\_   
ACCOUNT MANAGER

\_\_\_\_\_   
DATE

**SHIP & RECEIVE:**

	SHIPPING TERMS:		
	RECEIVING:	Date	Initials
	Partial		
	Complete		

**PAY:**

INVOICE TO NAME, ADDRESS, PHONE, FAX	FD	PRJ	CC	PGM	FUNC	OBJ	AMOUNT
AP Checks:							
Audit Checks:	<b>TOTAL:</b>						