**2019**

**Purchase Order**

**Send to**: 239 West 1st, Casper, WY 82601

 or Fax (307) 235-3063

 or office@specialolympicswy.org

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Special Olympics Wyoming  |
| Area I |  |
| Area II |  |
| Area III |  |
| Area IV |  |
| Area V |  |

**Vendor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Type Preference: 🞎 Check 🞎 Credit Card**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | DESCRIPTION | PRICE | AMOUNT | Receipt Attached |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **TOTAL** |  |  |

|  |  |
| --- | --- |
| # | **Expense Accounts** |
|  | Vendor Services |  |
|  | Fees and Dues |  |
|  | Supplies |  |
|  | Equipment |  |
|  | Rental Equipment |  |
|  | Facility Rental  |  |
|  | Athlete Awards |  |
|  | Athletes Recognition |  |
|  | Volunteer  |  |
|  | Recognition |  |
|  | Support Recognition |  |
|  | Housing |  |
|  | Food/Meals |  |
|  | Mileage  |  |
|  | Public Transport |  |
|  | Equipment |  |
|  | Phone |  |
|  | Postage |  |
|  | Rent |  |
|  | Printing |  |

**All local purchase orders MUST be signed by vendor and authorized program liaison to be valid**

EXEMPT – City, and State Tax

EXEMPT – Federal Tax ID # 23-7418345

I certify under penalty of perjury that this voucher and the items included herein for payment are correct and just in all respects.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VENDOR SIGNATURE

PURCHASE APPROVED BY

I certify that I am the program liaison serving as a representative for

Special Olympics Wyoming and that I have authorization to approve this

purchase.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PROGRAM LIAISON SIGNATURE

**Original** – Vendor Copy **Copy** –Finance/Office **Copy** – Local/Area Program