

# 2018 Purchase Order



Send to: 239 West 1<sup>st</sup>, Casper, WY 82601  
or Fax (307) 235-3063  
or [office@specialolympicswy.org](mailto:office@specialolympicswy.org)

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

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

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

Payment Type Preference:  Check  Credit Card

#	DESCRIPTION	PRICE	AMOUNT	Receipt Attached
1				
2				
3				
4				
<b>TOTAL</b>				

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

#	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	

<p>EXEMPT – City, and State Tax EXEMPT – Federal Tax ID # 23-7418345</p> <p>I certify under penalty of perjury that this voucher and the items included herein for payment are correct and just in all respects.</p> <p>_____</p> <p>VENDOR SIGNATURE</p>
<p>PURCHASE APPROVED BY</p> <p>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.</p> <p>_____</p> <p>PROGRAM LIAISON SIGNATURE</p>

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