

Remit payment to:
 VENDOR NAME FROM IRS W-9
 VENDOR ADDRESS
 VENDOR CITY, STATE, ZIP

PURCHASE ORDER

P.O. Date
DATE

TERMS
***Net 30**

P.O. NUMBER: _____ **DEPT NAME -**
#####

If no PO number is specified, the date on the Purchase order will be used as the PO number.

Account No. #####

Bill to: COUNTY OF GLENN
 DEPARTMENT NAME
 MAILING ADDRESS
 WILLOWS, CA 95988

Phone # (530) ###-####
 Fax # (530) ###-####
 Payment Terms: Net 30 Govt State/Local

Ship To : COUNTY OF GLENN
 DEPARTMENT NAME
 PHYSICAL ADDRESS
 WILLOWS, CA 95988

Phone # (530) ###-####
 Fax # (530) ###-####

- Shipping will be added unless exempt by contract.
- Please attach tax exempt letter/certificate if applicable.

QTY	QUOTE OR PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL

SUBTOTAL	
SALES TAX (IF APPLICABLE)	
SHIPPING & HANDLING	
RECYCLING FEE	

TOTAL \$

Authorized by: **NOTE AUTHORITY UNDER WHICH THE PURCHASE IS APPROVED**

SUBJECT THE THE TERMS AND CONDITIONS ON REVERSE