



tkane@poluscenter.org

**VENDOR**

HOW WILL ORDER BE PAID?	AMOUNT OF REQUEST	ESTIMATED PAYMENT DUE DATE
<input type="checkbox"/> Billed <input type="checkbox"/> Corp Credit <input type="checkbox"/> Personal		

DESCRIPTION OF SERVICE OR PRODUCTS	LINE TOTAL
<input type="checkbox"/> Consulting services (signed agreement required)	
<input type="checkbox"/> One-time purchase for shared living household	
<input type="checkbox"/> Office equipment – conference table	
<input type="checkbox"/> Office supplies	
<input type="checkbox"/> Other (explain below)	
<b>TOTAL</b>	

P.O. # \_\_\_\_\_