| PURCHASE ORDER REQUEST FORM | INDIANHEAD COMMUNITY ACTION AGENCY - DEPT: | |
|---|---|---|

| Date Submitted: | | Purchase Order #: | Submitted By: | |
|---|---|---|---|---|
| | | | Tax Exempt #: ES 9020 | |

| Vendor: | |
|---|---|
| Address: | |
| City/State/Zip: | |
| Telephone #: | |
| Fax #: | |

| Ship To: | ICAA, Inc. |
|---|---|
| Address | 1000 College Ave West |
| City/State/Zip: | Ladysmith, WI 54848 |
| Telephone #: | 715-532-4222 |
| Fax #: | |

**Bill To:** Indianhead Community Action Agency
1000 West College Avenue
Ladysmith, WI 54848
Tel: 715-532-4222

| Coding _ _ _ _ - _ _ _ - _ _ _ - _ _ _ - _ _ _ _ | Qty | Item Description | Cost per Item | Total Cost |
|---|---|---|---|---|
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | Sub Total | 0.00 |
| | | | S/H | |
| | | | Total | 0.00 |

Approved: Yes _____ No _____ (If no, explain under comments)

| Director/Designee Signature: | | Date: | |
|---|---|---|---|
| Order Placed By: | | Date: | |

Comments: