## **PURCHASE ORDER**

AMOUNT* \$	
Name*	
Address*	
Email	Phone Number*
Name of Payee (if diffe	erent than requestor)
Address of Payee (if o	lifferent than requestor)
Reason for check*	
Receipt included*	If no, please explain
YN	
Do not complete belov	w - for trustees only
Approved	Approved by / Reason for denial
Y	
Budgeted item	If not budgeted, explain
Y N	Thot badgetod, explain
Budget Code / Line Ite	om.
Dauget Gode / Eine ite	* Required field
Instructions:	
	se order requests to Steve Hoidalen or Chris Metcalfe in advance of purchase.
Steve Hoidalen	(860) 726-3589 SHoidalen@yahoo.com
Chris Metcalfe	(860) 305-4352