



NVC District Auxiliary Services (DAS)

REQUEST FOR PURCHASE ORDER

VOUCHER

PV

COMPANY NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

DATE _____

QUANTITY	DESCRIPTION	UNIT COST	TOTAL COST
			\$
_____ Requested By:		SUB-TOTAL	\$
_____ DAS Chair or Vice-Chair (2 signatures required only if over \$1,001.00)		SALE TAX	
_____ DAS Budget Center Manager		SHIPPING	
		TOTAL	\$

APPROVED FOR PAYMENT:
 I hereby certify that the articles or services specified in this claim are necessary; that the articles have been delivered or the services have been performed by the vendor.

BUDGET CODES

FUND XX	ACTIVITY XXXXXX	PROGRAM XXXX	OBJECT OF EXPENDITURE XXXXX	BUDGET CENTER/LOC XXXX	AMOUNT
_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	\$

(For Business & Finance Office Use Only)

APPROVED:

VERIFIED BY:
