

Order # _____

Voucher No. _____

Community Action of Southeast Iowa Purchase Requisition

Bill to:

Community Action of Southeast Iowa
2850 Mt Pleasant Street – Suite 108
Burlington, IA 52601
319-753-0193 Fax: 319-753-0687

Ship to:

Date: _____

Invoice # _____

Program #: _____

Ordered by: _____

Account #: _____

Purpose: _____

Vendor #: _____

Inventory Item: Yes No

Vendor Name: _____

Address: _____

City/State/Zip: _____

Quantity	Item/Description	Unit Price	Total Cost

Invoices/Receiving Documents must be attached.

Approved by: _____ Date: _____

FISCAL USE ONLY:				Post Date: _____				Net \$ Due: _____	
AA	Y	FFF	DD	PP	SS	0000	Amount	Description	
14									
14									
14									
14									
14									
14									

If a Manual Check is written

Check # _____

Revised 7-15-99