



PURCHASE ORDER/CHECK REQUEST

Community Counseling Services
222 Mary Holmes Dr/PO Box 1336
West Point, MS 39773
662-524-4347

DATE

PO #
(IF NEEDED)

VENDOR/PAYEE INFORMATION

Vendor/Payee Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____
Website/Email: _____

Program (Element) #	Expense Account #	Description	Item #	QTY	Unit Price	Total
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
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						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
					Total	\$ -

*CCS is exempt from sales tax

Notes:

Requested By: _____

Date: _____

CA Approval: _____

Date: _____

Executive Director or
CFO Approval: _____

Date: _____

MUST HAVE ALL APPROVALS BEFORE PURCHASES ARE MADE.
Any individual item over \$1000.00 requires 2 quotes before purchase.