

PURCHASE ORDER FORM

Date: _____

Coalition: _____

WHO IS BEING REIMBURSED FOR PURCHASES? _____

Preferred Vendor

Name: _____

Phone #: _____

Email Address: _____

Is Vendor (Including W9) on file with GHA?

Yes

No

ACH

Check

Delivery Information – Where are the items being delivered?

Name of Receiving Facility/Agency: _____

Street Address: _____

City: _____ Zip Code: _____

Delivery Point of Contact name and Phone # _____

Name of Person placing the order: _____

Purchase Description

Quantity	Budget Category	Budget Line item	Vendor	Budgeted Amount
1.				
2.				
3.				
4.				

Spend all budgeted line-item amount: Yes No

Comments: _____

Coalition Facilitator Signature: _____

Date: _____

Coalition Executive Signature: _____

Date: _____

PURCHASE ORDER FORM – Continued

	Quantity	Budget Category	Budget Line item	Vendor	Budgeted Amount
5					
6.					
7.					
8.					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
18					
20					

Carry Over

SUBMIT COMPLETED FORM TO Coalitonsupport@gha.org